

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

781

Township.....

Primary Registration District No.....

1003

City.....

(No. 2135 Chestnut St.)

File No.....

Registered No.....

St.....

Ward.....

## 2. FULL NAME

(a) Residence. No.....

St.....

24 Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

unknown

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

✓

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

unknown

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

24

50

✓

✓

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

unknown

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14.

INFORMANT.....  
(Address)

## 15.

JUN 15 1928  
FILED.....

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

found dead June 6 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from.....

19.....

to.....

19.....

that I last saw him..... alive on.....

19.....

and that death occurred, on the date stated above, at.....

24 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary artery atherosclerosis

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

## 19. DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

6/9/28

(Address)

J. W. Kerner, M.D.  
Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Potters Field

6/11 1928

## 20. UNDERTAKER

## ADDRESS

Lato

4107 Tenney

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