

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

Do not use this space.

22321

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **N. Lomo**

(No. **Prisco Hospital**)

File No. ....

Registered No. **6507**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **4364 Lincoln** St., **19** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**male**

**4. COLOR OR RACE**

**white**

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

**married**

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

**Ida Tapscott**

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

**7-8-1867**

**7. AGE**

| YEARS     | MONTHS    | DAYS      | If LESS than 1 day, hrs. or min. |
|-----------|-----------|-----------|----------------------------------|
| <b>60</b> | <b>11</b> | <b>11</b> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Tax Auditor**

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Ohio**

**PARENTS**

**10. NAME OF FATHER**

**do not know**

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

(STATE OR COUNTRY) **do not know**

**12. MAIDEN NAME OF MOTHER**

**do not know**

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

(STATE OR COUNTRY) **do not know**

**14.**

INFORMANT **Chas. Tapscott**  
(Address) **610 Leland Ave**

**15.**

FILED **20** **May C Stanley**  
19 **1928**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**6-19-1928**

**17.**

I HEREBY CERTIFY That I attended deceased from **April 30** to **June 19**, 19**28**, that I last saw him alive on **June 18**, 19**28**, and that death occurred, on the date stated above, at **7:45 A.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Nephritis**  
**1290**  
**hypertrophy of**  
**prostate**  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

**prostate**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **June 1, 1928**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination**

(Signed) **P. C. Barroff**, M. D.

**6-19-1928** (Address) **4460 Loclede**

\*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**

**Hiawatha Kan.**

**6/20 1928**

**20. UNDERTAKER**

**ADDRESS**

**Harry Heier 2223**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

