

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Lea
City Kansas City (No. 4044 E 67th St.)

Registration District No.

Primary Registration District No.

File No. 23700

Registered No. 2815

2. FULL NAME

(a) Residence. No. St. Ward. Joseph, Kans.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. 5 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min.
80 | 3 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Mrs. Mollie Hunter, Joseph, Kans.

15. FILED 7/1, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1928 to July 1st, 1928 that I last saw h. or alive on July 1st, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
duration yrs. mos. ds. 14 0 1

CONTRIBUTORY (SECONDARY) neuronal degeneration
duration yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? Refused

WHAT TEST CONFIRMED DIAGNOSIS? Symp. com.

(Signed) B. T. Shoop, M. D.

771, 1928 (Address) 636 Argyle Bldg.

*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

Joseph, Kans. 7/1 1928

20. UNDERTAKER ADDRESS Greenman Mortuary, 42nd St.

K. R.—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.

1870
636 Acylo
1870