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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 99
Township Town — Primary Registration District No. 102
City Kansas City (No. 2804 Tracy St. Ward)

File No. 23814
Registered No. 2940

2. FULL NAME James W. Irey
(a) Residence, No. 2804 Tracy St., 4 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 M
4. COLOR OR RACE W
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) Aug 16-1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Butcher
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Irey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Verna Ward
(Address) 2804 Tracy Ave

15. FILED 7/8, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 7, 1928, that I last saw him alive on July 4th, 1928, and that death occurred, on the date stated above, at 2:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
Chronic myocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) Solomon S. Larson, M. D
7/8, 1928 (Address) 700 Bryant Bldg, K.C. Mo.

*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 Waverly, Kans. — DATE OF BURIAL July 8 1928

20. UNDERTAKER Newcomer's Cons — ADDRESS 2111 E 9th

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.

Drey