

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township North  
City W. C. Mo.

Registration District No. 399  
Primary Registration District No. 77

File No. 23843  
Registered No. 2560  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2543 Troost St., 3 Ward.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-8-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 10 26 — — —

**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) None  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mrs. L. Leahy  
(Address) 2543 Troost

15. FILED 7/10 19 28 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 4, 1928, and that I last saw him alive on July 4, 1928, and that death occurred, on the date stated above, at July 7 0 m.

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

Cancer of Rectum 46 D

CONTRIBUTORY Chronic Glomerulonephritis  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Fort Riley, Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical findings  
(Signed) Ralph King Lynn, M. D.

7-5, 1928 (Address) 300 Gate City, Nat'l Bk

\*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 Honest Hill Cem DATE OF BURIAL July 10 1928

20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

alph Kings Coffey