

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township New
City H. C. Mo

Registration District No.
Primary Registration District No. West 15

File No. 24093
Registered No. 3221
St. Ward

2. FULL NAME

(a) Residence. No. 439 West 15 St., 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 12

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) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. C. Mo

10. NAME OF FATHER Walter May

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

12. MAIDEN NAME OF MOTHER Jessie Angle

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

14. INFORMANT Mrs Jessie May
(Address) 439 West 15

15. FILED 7/28 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1928

17. I HEREBY CERTIFY That I attended deceased from July 26 1928 to July 27 1928 that I last saw him alive on July 27 1928 and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastric Enteritis
119B

CONTRIBUTORY (SECONDARY) 119B

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —

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

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. M. Connell, M. D.

(Address) July 27 1928 1330 Summit
*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 Highland Park Cem DATE OF BURIAL July 30 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.

