

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

Do not use this space.

27259

1. PLACE OF DEATH

County Jackson
Township Law
City R. 6 mo

Registration District No. _____
Primary Registration District No. _____
(No. General Hospital)

File No. _____
Registered No. 2234
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 1327 Cherry St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>17</u>	<u>11</u>	<u>19</u>	

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Stark

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

12. MAIDEN NAME OF MOTHER Fentroyer

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

14. INFORMANT General Hospital
(Address) Kansas City Mo

15. FILED 87 28 M. M. Crive REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 7, 1928 that I last saw him alive on Aug 6, 1928, and that death occurred, on the date stated above, at 5:30 A. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1215 Appendicitis with
129 Peritonitis and pneumonia
Broncho

CONTRIBUTORY (SECONDARY) 11/1 B
(duration) _____ yrs. _____ mos. 2 da.
(duration) _____ yrs. _____ mos. 1 da.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 4, 1928
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Aspc.
(Signed) P. W. Williams, M. D.
97, 1928 (Address) Free Stash

*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 Leis Cemetery DATE OF BURIAL Aug 9 1928

20. UNDERTAKER M. L. Schick ADDRESS Free Stash

FADING INK--THIS IS A PERMANENT RECORD

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.

