

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

Do not use this space.

27511

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ward Primary Registration District No. 1002  
 City Kansas City (No. Kansas City Genl Hosp St. Ward)

File No. 3587

Registered No. 3587

**2. FULL NAME**

(a) Residence. No. 512 Main St., 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Don't know  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

PARENTS

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 Reverend Clerk  
 (Address) K.C. Genl Hosp.

15. FILED 8/29/28 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-21, 1928, to 8-28, 1928, (that I last saw him alive on 8-28, 1928, and that death occurred, on the date stated above, at 12:45 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Throat and neck

CONTRIBUTORY (SECONDARY) 440  
 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) P. E. Williams, M. D.  
8-28, 1928 (Address) Subt K.C. Genl Hosp.

\*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 Leeds DATE OF BURIAL 8-29-28

20. UNDERTAKER O. U. Mart ADDRESS K6 Mo

WRITE PLAINLY, WITH UNFADING 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.

