

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

Do not use this space.

30482

1. PLACE OF DEATH

County Jackson Registration District No.

Township Wau Primary Registration District No.

City Kansas City (No. General Hospital) St. Ward)

File No.
Registered No. 3735
St. Ward)

2. FULL NAME

(a) Residence. No. 614 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. 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) Single

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. 49

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) (STATE OR COUNTRY) Kentucky

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 (Address) Record Clerk R.C. Gent Hosp

15. FILED 9/9 28 M.M. Coburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 19 28

17. I HEREBY CERTIFY, That I attended deceased from 9-4, 1928, to 9-5, 1928. that I last saw him alive on 4-5, 1928, and that death occurred, on the date stated above, at 3:00 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

myocardial insufficiency congestive
93 lb 900
109 lb (duration) yrs. mos. ds.

CONTRIBUTORY Chiphetic dwarf (SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

9 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) P. E. Williams, M. D. 9/6, 1928 (Address) R.C. Gent 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 9-10 19 28

20. UNDERTAKER O. M. ... ADDRESS 450 E. 27th

R. 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.

6-10-68