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.

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

Do not use this space.

30668

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)

2. FULL NAME KRIDER, Levi — C-None Civil War Veteran.
(a) Residence. No. 2026 Bellview, Kansas City, Mo. 3 Ward. Pvt Co C 195th Reg. of Pa Vol.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	~~8~~ 9	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)
(c) Name of employer

137 [illegible]

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records.
(Address) Vet. Hospital Kle Mo

15. FILED 9/25 1928 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 23 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to September 23, 1928 that I last saw him alive on September 23, 1928 and that death occurred, on the date stated above, at 5:25 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of Prostate Gland.
135 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Undetermined.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 23, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) W. E. Chambers M. D
W. E. CHAMBERS, Medical Officer in Charge
(Address) U.S.V.Hospital, Kansas City, Mo.

*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: Forest Hill — DATE OF BURIAL: 9/25 1928

20. UNDERTAKER: The Taylor Funeral Home Inc. — ADDRESS