

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

Do not use this space.

30699

1. PLACE OF DEATH

County Jackson
Towship Law
City N.E. 2nd

Registration District No. 399

399

Primary Registration District No. 160

File No. 3050

Registered No. 3050

St. _____ Ward)

2. FULL NAME

(a) Residence. No. 5300 Highland St. 15 Ward.

(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

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Not known

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

Not known

7. AGE

71

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Domestic 93c
Little Sister of Charity 197

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14. INFORMANT

(Address)

Little Sister of Charity

15. FILED

9/28/28 538 Highland
M. D. (Spive) REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Sept 26 1928

17.

I HEREBY CERTIFY, That I attended deceased from June, 1928, to Sept 20, 1928 that I last saw h. _____ alive on _____ of 19____, and that death occurred, on the date stated above, at _____ 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis & hypertrophy
Reveal. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

None (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? P.E.

(Signed) H. Such-Knowlton, M. D.

9/27, 1928 (Address) 1034 Apple Valley

*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

DATE OF BURIAL

St. Marys

Sept 27 1928

20. UNDERTAKER

ADDRESS

Frank H. Sobier

Law

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.

WHILE FURNISHING THIS INFORMATION, WITH CONTAINING INFORMATION IS A PERMANENT RECORD

