

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

Do not use this space.

33505

1. PLACE OF DEATH

County Jackson
Township W. 1st
City W. 1st Mo

Registration District No. 399

Primary Registration District No. 3707 East 18th St

File No. 12
Registered No. 12
St. Ward

2. FULL NAME

(a) Residence No. 3907-E-18th St Ward 12
(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 Fe- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
76 6 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Wing

10. NAME OF FATHER Sam Jones

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. M. Spitzer
(Address) 3907-E-18th St

15. FILED 10/4 28 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 9, 1928, to Sept 29, 1928
that I last saw h. alive on Sept 29, 1928 and that death occurred, on the date stated above, at 7:02 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Mitral Lesion of Heart

CONTRIBUTORY (SECONDARY) 971A

18. WHERE WAS DISEASE CONTRACTED no

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. R. Crook, M. D.

1073, 1928 (Address) 6235 E. S.

*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 St Joseph - Mo DATE OF BURIAL Oct 5 1928

20. UNDERTAKER Moore + Henderson City, Mo ADDRESS

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.

6/10/10