

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

Do not use this space.

33644

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Hart Primary Registration District No. 107 Registered No. 28
 City Kansas City Research Hosp. St. _____ Ward _____

2. FULL NAME George Bristow
 (a) Residence, No. 3631 Norledge St. 10 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 8 | 18 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Asst Genl Pass
 (b) General nature of industry, business, or establishment in which employed (or employer) agh. C. G. N.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Detroit
 (STATE OR COUNTRY) Mich.

10. NAME OF FATHER John Bristow

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

12. MAIDEN NAME OF MOTHER Ella Dickes

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

14. INFORMANT Mrs. Ella N. Bristow
 (Address) 3631 Norledge

15. FILED 10/15 28 M. M. Crider
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1928 to Oct 14 1928
 that I last saw him/her alive on Oct 14 1928 and that death occurred, on the date stated above, at 12:30 P. am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis 970
Hypertension 1111
1024
 (duration) 6 yrs. mos. da.

CONTRIBUTORY acute pulmonary edema
 (SECONDARY) (duration) _____ yrs. mos. da.

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 _____
 (Signed) Hubert F. Tanner M. D.
10-15, 1928 (Address) 918 W. 4th St. Bldg

*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 Memorial Park DATE OF BURIAL 10-17 1928

20. UNDERTAKER J. N. Newcomer ADDRESS South 16th

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.

918 med Arto U367
val 6767
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