

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

Do not use this space.

33817
4889

1. PLACE OF DEATH

County Jackson Registration District No.

Township Blair Primary Registration District No.

City Kansas City (No. Wesley Hospital)

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence No. Lexington Mo St. 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

W

4. COLOR OR RACE

wh

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)

Nov-1-1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

11

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School boy

(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)

Mo

10. NAME OF FATHER

Ed Jennings

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Lucy Squire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT (Address)

Ed Jennings Lexington Mo

15.

FILED

10/27/28 mmm crowe

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from

Oct 23, 1928, to Oct 26, 1928

that I last saw him alive on Oct 26, 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

124

not known

126

CONTRIBUTORY (SECONDARY)

not known

18. WHERE WAS DISEASE CONTRACTED

not known

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical examination

(Signed) J. A. Roberts, M. D.

10/27, 1928 (Address) 300 Lexington 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

DATE OF BURIAL

Lexington Mo Oct 26 1928

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster K.C. Mo

K. 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 FULFILLING DUTY WITH UNFADING INVIGORATION IS A PERMANENT RECORD

