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

Do not use this space.

33827

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 4869

Township: Kaw — Primary Registration District No. 1009 — Registered No.

City: Kansas City (No. St. Marys Hosp. St. Ward)

2. FULL NAME John Davis Cessna.

(a) Residence. No. 1615 Lake St. St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Selina M. Cessna.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1864.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Groceryman.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

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

PARENTS

10. NAME OF FATHER John Cessna.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Mary Reed.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. Selina U. Cessna.
(Address) 1615 Lake St. K.C.Ks.

15. FILED 10-29, 1928. M. M. Crowe
aark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-22, 1928, to 10-28, 1928, that I last saw h. alive on 10-28, 1928 and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia Static 1071
Pneumonia 1071
Tapeworm 1396
(duration) yr. mo. 4 ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction
Irregulated Adhesions of Intestine (duration) yrs. mo. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH? Rosedale Kan
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-23 28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Finding at op. Symptoms after death
(Signed) C. C. Sander, M. D.
10/28, 1928 (Address) Rosedale K

*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
Maple Hill	10/30/1928
20. UNDERTAKER	**ADDRESS**
H. W. Gates	K.C.,Ks.

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.