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.

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

Do not use this space.

35865

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4408

Township Kaw — Primary Registration District No. 1002 — Registered No. 4408

City Kansas City (No. Kansas City Genl. Hosp. St. ..... Ward)

2. FULL NAME Mar John

(a) Residence. No. 614 Main St., 1 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE: YEARS 82 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Ben Clerk
(Address) Kansas City Gen. Hosp.

15. FILED 10/31, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-11, 1928, to 10-30, 1928 that I last saw him alive on 10-30, 1928, and that death occurred, on the date stated above, at 9:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
1 Hr.
1 Hr.
1 Hr. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Frac of femur caused by accidental fall (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Found. & Autopsy

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(Signed) P. E. Williams, M. D
10-30, 1928 (Address) Supt K. C. Genl Hosp

*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: Fields — DATE OF BURIAL: 11-2-1928

20. UNDERTAKER: O V Mast — ADDRESS: K C Mo