

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

Do not use this space.

37094

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 5-330)

Registration District No. 399
Primary Registration District No. 2

File No. 3744
Registered No. 3744
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5-330 Oak St., 8 Ward. 1911
(Usual place of abode)

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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 6 | 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired hotel keeper
(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)

Penn.

10. NAME OF FATHER

unknown

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

Penn.

12. MAIDEN NAME OF MOTHER

Jane Patton

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

Ohio

14.

INFORMANT Mrs. Jane Reynolds
(Address) 5-330 Oak

15.

FILED 11/26/28 M. M. Covine REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-25-1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to Nov 25, 1928. I last saw him alive on Nov 24, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis - Senility

CONTRIBUTORY (SECONDARY) Arteriosclerosis & pulmonary
old disease (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical signs

(Signed) L. S. Inghel, M. D.

Nov 16, 1928 (Address) 800 F.W.P. Bldg 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

Kewanee, Ill.

DATE OF BURIAL

Nov 27 1928

20. UNDERTAKER

S. H. Newcomer's Sons K. O. Mo

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.

1800 Fed Rd. 13R
Vic 4238
1-3:30