

JAN 21 1929

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

Do not use this space.

1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

City

Primary Registration District No.

1001

File No.

39562

Registered No.

1483

St.

Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

209 So. 20th St.

Ward.

(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

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Married

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

Dec. 15-1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

00

12

8. OCCUPATION OF DECEASED

Porter

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

(b) General nature of industry, business, or establishment in which employed (or employer)

Kirkpatrick Hall Mark

(c) Name of employer

Kirkpatrick Hall Mark

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy, Mo.

10. NAME OF FATHER

Andrew Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Rosa A. Harmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT

(Address)

Elizabeth A. Alexander

209 So. 20th St.

15.

FILED

DEC 31 1928

John J. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 27-1928

17.

I HEREBY CERTIFY That [Signature] died from [Signature] that I last saw him alive on [Signature] 1928 and that death occurred, on the date stated above, at [Signature] m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[Signature] Pulmonary Tuberculosis
234
26 (duration) 2 yrs. 6 mos. 28 ds.

CONTRIBUTORY (SECONDARY)

[Signature] (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

[Signature] M. D.
28 Dec 28 (Address) 1408 Mesquite

*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

Ashland Cemetery

12/29/1928

20. UNDERTAKER

ADDRESS

Ramsay Funeral Service

984 Olive

