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.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 40538

Township Kaw — Primary Registration District No. 1002 — Registered No. 4911

City Kansas City (No. 5504 Crestwood St. Ward)

2. FULL NAME Charles H. Surber

(a) Residence. No. 5504 Crestwood St., 8 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10, 1878

7. AGE: Years 50 | Months 6 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Mexico
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: A. J. Surber
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Elizabeth Creasey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mexico
(STATE OR COUNTRY): Missouri

14. INFORMANT: Dora Surber
(Address): 5504 Crestwood Drive

15. FILED 12/5, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1928, to Dec. 4, 1928, that I last saw him alive on Dec 4, 1928, and that death occurred, on the date stated above, at 7:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Regurgitation & Heart Block
92A
127B
95A
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Cholecystitis
(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? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Eugene A. Pond, M. D.
12/5, 1928 (Address) 1607 Genesee St.

*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: Mexico, Missouri — DATE OF ~~BURIAL~~ R: 12-6-1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

Dr. Eugene Ford
Stockyards Hotel
1607 Genesee
hours 11 until 3