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.

40625

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Jackson — (No. Grace Hoop St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Barney Romer
(a) Residence. No. 714 Euclid St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 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: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-25-1906

7. AGE: Years 22 | Months 8 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Chicago
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Max Romer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Lena Romer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Russia

14. INFORMANT: Ruby Romer
(Address) 1114 Indep Ave.

15. FILED 12/9, 1928 M. M. Corome
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 9, 1928 that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
92A
107A
90A
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): mitral regurgitation
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 714 Euclid
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical + Clinical
(Signed) Geo Royal, M. D
12-9-, 1928 (Address) 513 Commerce

*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: Sheffield
DATE OF BURIAL: 12-9-1928

20. UNDERTAKER: J. P. Lewis
ADDRESS: Kansas City Mo