

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

Do not use this space.

40667

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Franklin

Primary Registration District No. 1002

City Kansas City (No. 1415 E. 2nd)

File No. _____

Registered No. 5142

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1415 E. 2nd 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 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

Colored

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

married

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

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

June 17, 1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>	<u>5</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

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

coal & ice dealer

(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)

Jefferson City Mo.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Marial Keris
1415 E. 2nd

15.

FILED

17/11/28 M. M. Corwin
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17/11 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept 13 - 1928, to Dec 8 - 1928 that I last saw him alive on Dec 6 - 1928, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. parenchymatous nephritis

131 700 / 270

CONTRIBUTORY (SECONDARY)

Chronic Valvular Heart Disease

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

unknown

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

No

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinary & Clinical

(Signed) Wesley Falst, M. D.

12/10/28 (Address) KCBK

*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

Highland Cem.

DATE OF BURIAL

17/11 1928

20. UNDERTAKER

Atkins Bros

ADDRESS

1729 Lydia

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.

J. H. Faust. 254 Brotherhood Bldg. K. C., K.