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

Do not use this space.

40909

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. Kansas City General Hosp. St. Ward)
File No. 5286
Registered No.

2. FULL NAME Cruppy Francis
(a) Residence. No. 1114 Locust St., 2 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-19 1860

7. AGE: Years 75, Months 11, Days 24. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Dont Kum

PARENTS
10. NAME OF FATHER: Dont Kum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Kum
12. MAIDEN NAME OF MOTHER: Dont Kum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Kum

14. INFORMANT: Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 12/20, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15- 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1928, to 12-15-, 1928 that I last saw him alive on 12-15-, 1928, and that death occurred, on the date stated above, at 11:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
930 900 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Jennett, M. D.
12-16, 1928 (Address) Asst Supt KC GH

*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: Leeds
DATE OF BURIAL: 12/21 1928

20. UNDERTAKER: O. M. Mast
ADDRESS: 1916 East 16

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.

THIS IS A PERMANENT RECORD