

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

Do not use this space.
49980 3361
Carney
File No. _____
Registered No. _____
St. _____ Ward _____

399

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township New Primary Registration District No. 1002
City Kansas City (No. 599 1/2 Forest Ave) St. _____ Ward _____

2. FULL NAME

James Weston
(a) Residence. No. 599 1/2 Forest St. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 2 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 Cool
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1902
7. AGE YEARS MONTHS DAYS 26 0 9
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) Comm. Labor
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Weston
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Weston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Weston
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Edith Criss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weston
(STATE OR COUNTRY) Mo.

14. INFORMANT James Weston
(Address) Weston, Mo.

15. FILED 12-22, 1928 mm Browe
ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20, 1928
17. I HEREBY CERTIFY, That I attended deceased Deputy Coroner
_____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 2:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
22H (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Deputy Coroner, M. D.
(Address) Deputy Coroner

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Weston Mo
DATE OF BURIAL Dec 24 1928
20. UNDERTAKER Adkins Bros
ADDRESS 2000 E. 12th

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.

