

FEB

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

Do not use this space.

1411

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence. No. 1601 Blairmont St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22-1853

7. AGE Years 73 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

him self

(c) Name of employer

709 Waldheim Bldg

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nova Scotia

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nova Scotia

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nova Scotia

14.

INFORMANT

(Address)

A. C. Vaughan
1601 Blairmont

15.

FILED

1-25-29 F. L. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 28 1929

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

that I last saw him alive on, 19...., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental Rail Road Fracture
2.07 M

CONTRIBUTORY (SECONDARY)

No automobile involved

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? ye

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Stanley McKee, M. D.

1-24, 1929 (Address) Deputy Coroner

*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

DATE OF BURIAL

Allen Church

1-25 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Fauster R. C. Mo

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.

4800

55201

