

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.

1482

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 10Primary Registration District No. 1002City Kansas City (No. 2319 Harrison)File No. 70Registered No. 70St. 4 Ward)

2. FULL NAME

(a) Residence. No. 2319 Harrison St. 4 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 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) Oct. 25, 18877. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 2 6 — — —

8. OCCUPATION OF DECEASED

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

(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) Texas

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

14.

INFORMANT

(Address) 2319 Harrison

15.

FILED

Jan 7, 1929 M. M. Croome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1, 192917. I HEREBY CERTIFY That I attended deceased from Oct. 28, 1928 to Jan. 1, 1929 that I last saw him alive on Dec. 29, 1928 and the death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Rupture of Aortic Aneurysm(duration) yrs. 2 mos. 3 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? none(Signed) D. M. Miller, M. D.1-7, 1929 (Address) Kelso Mo

*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

Highland 1/7, 1929

20. UNDERTAKER

ADDRESS

Hackins Bros 1729 Lyda

D. W. Miller.