

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.

1488

1. PLACE OF DEATH **U.S.V. Hosp. #67**County **Jackson**Registration District No. **399**File No. **75**Township **Kan**Primary Registration District No. **1002**Registered No. **75**City **Kansas City, Mo.**(No. **U. S. Veterans Hospital** St. **Ward**)2. FULL NAME **MARK, William George****C-Hono****WOS**(a) Residence. No. **1894 Terrace****3** Ward. **Pvt Co H 157th Inf.**

(Usual place of abode)

Kansas City, Missouri.

(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)

Feb. 28, 1888

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

40**10****7**

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)

Kansas

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)

Hospital Records.**U. S. Veterans Hosp**

15.

Fried

Jan 7, 29 - M. M. Gracie

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

January 5 1929

17.

December 26 1928 CERTIFIED that I attended deceased from **January 5 1929**that I last saw him alive on **January 5 1929** and that death occurred, on the date stated above, at **7:25 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar left lower lobe

CONTRIBUTORY (SECONDARY)

Addison's Disease**Unknown**

18. WHERE WAS DISEASE CONTRACTED

Unknown

IF NOT AT PLACE OF DEATH?

No

DID AN OPERATION PRECEDE DEATH? DATE OF

Yes

WAS THERE AN AUTOPSY?

Autopsy

WHAT TEST CONFIRMED DIAGNOSIS?

Dr. J. S. Gracie, Medical Officer in Charge U.S.V. Hospital, Kansas City, 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

Calvary Cem. 1/8 1929

20. UNDERTAKER

ADDRESS

The Triple Funeral Home K. 6 Mo.

