

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.

1539

**1. PLACE OF DEATH**County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. 2428 Prospect)File No. 150Registered No. 150

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**(a) Residence. No. 2428 Prospect St. 11

(Usual place of abode)

Ward.

(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**Ma**4. COLOR OR RACE**W.**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**married**5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Idia Gott**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**June 27 1865**7. AGE**63

YEARS

MONTHS

DAYS

18

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

Lumberman

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

Retired

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Hannibal Mo**10. NAME OF FATHER**Lee Gott**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)Mrs Irene Arnold  
2428 Prospect**15.**

FILED

Jan 11 29

M. M. Erwin  
REGISTRAR2**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan 10 1929**17.**

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Jan 10, 1929  
 that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 1:33 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**Initial Insufficiency of the Heart1929100(duration) yrs. mos. 21 da.**CONTRIBUTORY (SECONDARY)**Senility(duration) yrs. mos. 21 da.**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH?**

DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?****WHAT TEST CONFIRMED DIAGNOSIS?**(Signed) Dr Frank Watson, M. D.1/11, 1929 (Address) 1120 Walnut Bldg.

\*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**Wheatland OK Perm HOK. 1/12 1929**20. UNDERTAKER****ADDRESS**John B. LogginsK. C.

1120 Res. 10.  
for medication