

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

Do not use this space.

1600

1. PLACE OF DEATH

County Jackson
Township Bar
City Kansas City (No. St. Joseph Hospital)

Registration District No. **399**

Primary Registration District No. **1902**

File No. 191
Registered No. 191
St. Ward

2. FULL NAME

(a) Residence. No. 6106 Walnut St. 8 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mr. Feta Medaris

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 14, 1880

7. AGE

YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>48</u>	<u>5</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) St. Joseph Hospital

(c) Name of employer St. Joseph Hospital

9. BIRTHPLACE (CITY OR TOWN)

Atlanta

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. J. R. Medaris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Samatha Home

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

14.

INFORMANT Mr. Feta Medaris
(Address) 6106 Walnut St.

15.

FILED 1-14-29 m-m. Crow
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1929

17. I HEREBY CERTIFY That I attended deceased from 1-12 1929, to Jan 12 1929, that I last saw him alive on Jan 12 1929, and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute appendicitis
1219
181
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) peritonitis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED At Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 11

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) St. Joseph Hospital, M. D.

1-13, 1929 (Address) 734 Maple Blk

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill **DATE OF BURIAL** Jan. 14 1929

20. UNDERTAKER Thuman Mortuary **ADDRESS** 101 W. 4th

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.

THIS IS A PERMANENT RECORD

2622 E. 30th