

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.

RECORD THIS IS A PERMANENT RECORD

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

Do not use this space.

1623

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 805 W 26)

Registration District No. 399
Primary Registration District No. 1002

File No. 214
Registered No. 214
St. Mo. Ward 3

2. FULL NAME

Jay Albert Eckles

(a) Residence. No. 805 W 26 St. 3 Ward 3
(Usual place of abode)

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 None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 5 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Roy Eckles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Alice Beane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norwood
(STATE OR COUNTRY) Missouri

14. INFORMANT Roy Eckles
(Address) 805 W. 26 St.

15. FILED 1-16-29 W. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1929

17. I HEREBY CERTIFY That I attended deceased from 11:45 a.m. to 11:45 a.m.

that I last saw h. alive on Jan. 14 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Typhoid fever.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Dr. H. H. Hall, M. D.

1/14 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

Norwood Mo.

DATE OF BURIAL

1-16-1929

20. UNDERTAKER

J. P. Lewis Kansas City Mo.

