

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.

1624

1. PLACE OF DEATH

County Jackson
Towship Law
City Kansas City (No. 805 W 26th St)

Registration District No. 399
Primary Registration District No. 1003

File No. 215
Registered No. 215
St. Mo. Ward 3

2. FULL NAME

James Edward Eckles
(a) Residence No. 805 W 26th St St. Mo. Ward 3

(Usual place of abode)
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. (If nonresident give city or town and State)

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)**Aug 28, 1924**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

4416**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

Child**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Kansas City Missouri**10. NAME OF FATHER**Roy Eckles**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**Kansas City Missouri**12. MAIDEN NAME OF MOTHER**Ellie Dean**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**Norwood Missouri**14.**INFORMANT
(Address)Roy Eckles
805 W 26th St.**15.**

FILED

1-16-29 M. M. Crowe
arch 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

, 19____, to _____, 19____
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OFWAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Stanley M. Hest, 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**DATE OF BURIAL**Norwood Mo.1-16-1929**20. UNDERTAKER****ADDRESS**J. P. Lewis Kansas City, Mo.

