

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.

1625

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City Kansas City (No. 548)File No. 216Registered No. 216St. Mo. Ward 9

2. FULL NAME

(a) Residence No. 548 LydiaSt. 9 Ward 9

(Usual place of abode)

(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

m

4. COLOR OR RACE

Col.

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

Widowed

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

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

Aug. 7, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6257

8. OCCUPATION OF DECEASED

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

Coal man

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Charles Gant

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ellen Turk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT
(Address)Arthur Gaines
548 Lydia

15.

FILED

1-16, 1929Dr. M. M. Jones
asst REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

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

Jan. 14, 1929

17.

HEREBY CERTIFY, That I attended deceased from Sept 29th, 1928, to Jan 14th, 1929 that I last saw him alive on Dec 26th, 1928, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parasitic Agitation87A87B(duration) 2 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY)

Cerebral Hemorrhage(duration) 0 yrs. 0 mos. 1 ds.

18. WHERE WAS DISEASE CONTRAILED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Guggenheim, M. D.1/15, 1929 (Address) 1126 E 15th

*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

Huggensville, MoJan 16, 1929

20. UNDERTAKER

ADDRESS

Hatkins Bros 1729 Lydia

Guggenheim

15th Frost,