

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.

1634

1. PLACE OF DEATH

County Jackson
Township Yreaw
City Kansas City (No. Kansas City General Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 225
Registered No. 225 (Ward)

2. FULL NAME

Minor George

(a) Residence. No. 3045 Park St. 11 Ward.

(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. (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)

married

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

Emma Minor

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

Oct-17th, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

2

28

8. OCCUPATION OF DECEASED

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

Engineer

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

Stationary

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

Bo record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo

12. MAIDEN NAME OF MOTHER

Bo record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo

14.

INFORMANT

(Address)

Re wood Clerk

Kansas City Genl Hosp

15.

FILED

1-16-1929

M. M. Cross
asst REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

1-15-1929

17.

I HEREBY CERTIFY, That I attended deceased from

1-8, 1929 to 1-15, 1929

that I last saw him alive on 1-15, 1929, and that death occurred, on the date stated above, at 1:53 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency,
congestive
chronic nephritis with edema
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

uremia
(duration) yrs. mos. ds.

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)

1-15, 1929 (Address) Subst K.C. Genl Hosp.

*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

Elmwood

Jan-17-1929

20. UNDERTAKER

ADDRESS

Mrs. L. L. Foster K.C. Mo.

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