

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

Do not use this space.

1748

1. PLACE OF DEATHCounty JacksonRegistration District No. 399Township WearPrimary Registration District No. 1002City Kansas City(No. Kansas City Gen. Hosp.)File No. 340Registered No. 340

St. _____ Ward _____

2. FULL NAME(a) Residence. No. 509 1/2 Indep. Ave. Ward. 1

(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**male**4. COLOR OR RACE**white**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**widower**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**March 12 - 1896**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

12108day, _____ hrs.
or _____ min.**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

Landscape Gardener**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mass.**10. NAME OF FATHER**Edw. Riley**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio**12. MAIDEN NAME OF MOTHER**Marg. Hutton**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio**14.**

INFORMANT

(Address)

Reinold Clerk
Kansas City Gen. Hosp.**15.**

FILED

1-23-29 M. M. Curre
Asst. REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan. 20 1929**17.**

I HEREBY CERTIFY, That I attended deceased from

Jan. 19 1929 to Jan. 20 1929that I last saw him alive on Jan. 20 1929, and thatdeath occurred, on the date stated above, at 4:00 a. m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**Bronchopneumonia107A1000

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

NoDID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Gen. Findings(Signed) P. E. Williams M. D.1-21 1929 (Address Sup't Gen. 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**Leeds 1-23 19291910 (Ex. 15)1910 (Ex. 15)1910 (Ex. 15)1910 (Ex. 15)1910 (Ex. 15)1910 (Ex. 15)1910 (Ex. 15)

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.

