

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

Do not use this space.

1818

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 1st

Primary Registration District No. 1002

City Kansas City

(Name) Kansas City General Hospital St. 4th Ward

File No. 4-000

Registered No. 4-000

2. FULL NAME

(a) Residence. No. 613 maple St. 1st 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)

divorced

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

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

Jan 13 - 1882

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

47

0

2

8. OCCUPATION OF DECEASED

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

Cook.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Oklahoma City Okla

10. NAME OF FATHER

Washington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Maggie Rich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Eylar's
1800 Linwood

15.

FILED

19

1-27-29
M. M. Curran
Clack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Tuesday

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

Jan. 15 1929

17.

I HEREBY CERTIFY, That I attended deceased from Depot Coroner

that I last saw him alive on Jan. 15, 1929, and that death occurred, on the date stated above, at 9:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

bronchial pneumonia
1070/000

CONTRIBUTORY

(SECONDARY)

(duration) Primary yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stanley M. Stae M. D.

1/15, 1929 (Address) Depot 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

Maple Hill

Jan 26 1929

20. UNDERTAKER

ADDRESS

Eylar Funeral Home
1800 Linwood

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.

