

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

Do not use this space.

1859

1. PLACE OF DEATH

County Jackson
Township Ken
City H. C. Mo. (No. Mercy Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 452
St. _____ Ward _____

2. FULL NAME

Jack Mechem

(a) Residence. No. 5024 College St. 16 Ward. _____
(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)

child

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

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

July 1 - 1919

7. AGE

YEARS

MONTHS

DAYS

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

9

6

27

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

chief

School Bay and

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Topeka Kansas

10. NAME OF FATHER

Floyd Mechem

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Colo.

12. MAIDEN NAME OF MOTHER

Maudie Macey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

14.

INFORMANT
(Address)

Floyd Mechem
5024

15.

FILED

1-29-29 M. M. Cron

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 28, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1/28, 1928, to 1/28, 1929
that I last saw him live on 1/28, 1929, and that death occurred, on the date stated above, at 12 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

87B Chronic convulsions

22 Tetanus?

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

CONTRIBUTORY (SECONDARY)

none - 4 yr question

(duration) ... yrs. ... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT, AT PLACE OF DEATH

Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

none to confirm

(Signed)

H. M. Kieley

M. D.

1/29, 1929 (Address)

Argyle Bldg.

*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

Granville, Kans Jan 29, 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster H. C. Mo.

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.

26
12
2
2

