

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

Do not use this space.

1867

**1. PLACE OF DEATH**

County Jackson  
Township Rex  
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 460

Registered No. 460

St. Ward

**2. FULL NAME**

(a) Residence. No. 1422 Central St. Ward 1  
(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**

Narcissus Radcliff

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

May 22 - 1865

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

63

8

4

**8. OCCUPATION OF DECEASED**

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

Clerk 22 yrs

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

Gustin - Bacon Mfg Co

(c) Name of employer

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

(STATE OR COUNTRY)

Jackson Co near Independence Mo.

**10. NAME OF FATHER**

Geo Radcliffe

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**12. MAIDEN NAME OF MOTHER**

Latherine Reeves

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**14.**

INFORMANT  
(Address)

Leila A. Sims  
Little Rock Ark.

**15.**

FILED

129.29 M. M. Enns  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

sat

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

Jan 26 1929

**17.**

I HEREBY CERTIFY That I attended deceased from Dec 29, 1928, to Jan 26, 1929, that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 12 noon m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Aortitis unknown  
duration - apoplexy

**CONTRIBUTORY (SECONDARY)**

Syphilitic Cardiovascular  
(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)

Edward A. Harper, M. D.  
1/26, 1928 (Address) 805 W. 17th St.

\*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**

Harrisonville Mo. Jan 29, 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.

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