

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

Do not use this space.

1874

1. PLACE OF DEATH

County Jackson
Township Hann
City K.C. Mo

Registration District No. 399
Primary Registration District No. 1002

File No. 467
Registered No. 467
St. Ward

2. FULL NAME

(a) Residence. No. 1001 W. 24th St., 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS 45 MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer

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

10. NAME OF FATHER Amf

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

12. MAIDEN NAME OF MOTHER Amf

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

14. INFORMANT Solo Briones
(Address) 1001 W 24

15. FILED 1-30-29 M. M. Coyle REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
92.R
97.0
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Autopsy yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Hann, M. D.

1/27, 1929 (Address) 1001 W 24th

*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

W 24th Marq Jan 30 1929

20. UNDERTAKER ADDRESS

Ketterlin city

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.

