

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.

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

Do not use this space.

1904

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 197

Registered No. 197

St. 197

Ward

2. FULL NAME

(a) Residence. No. 149 East Walnut St.,

(Usual place of abode)

Ward.

(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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

June 14 - 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4

7

16

8. OCCUPATION OF DECEASED

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

None

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

None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

J. Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Bertie Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Franklin

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

(Address)

Bertie Phillips

149 East Walnut

15. FILED

1-31-29

M M Brwe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 30 1929

17.

I HEREBY CERTIFY That I attended deceased from 1/26/29

19.. to 1/30/29 19.. and that I last saw him alive on 1/30/29 19.. and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

10

yr

11 hr

(duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

Scarlatina angina 4 days

Congenital Syphilis

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

19. DID AN OPERATION PRECEDE DEATH?

Yes DATE OF 1/30/29

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Culture

(Signed)

H. C. Raper

M. D.

1/31, 1929 (Address)

Smiths 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

Woodlawn Cemetery Feb. 1 1929

20. UNDERTAKER

ADDRESS

W. Cannon South of Mo

