

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

Do not use this space.

6343

1. PLACE OF DEATH

County Jackson Co

Registration District No. 298

File No. _____

Township Blair

Primary Registration District No. 3019

Registered No. 36

City Independence, Mo. 717 South Mills

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 717 S Mills St. 4 Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

Feb. 2 1929

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

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 1928 to Feb. 1929 that I last saw him alive on Feb. 1929, and that death occurred, on the date stated above, at _____

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

Jan 29 - 1902

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>-</u>	<u>-</u>	<u>4</u>	

Pyelitis ascending from Hemorrhage

8. OCCUPATION OF DECEASED

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

None 59 1390

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

(c) Name of employer

(duration) yrs. mos. ds. 30

CONTRIBUTORY (SECONDARY)

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

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

Topeka Kans

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? (DATE OF)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Heckman, M. D.

Feb 2, 1929 (Address) Independence mo

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

Was Russell Ind. Neb

*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.

12. MAIDEN NAME OF MOTHER

Doubtless

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

unknown

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wood Lane cem

Feb 3 1929

14. INFORMANT (Address)

Edie Whinnally Independence Mo

20. UNDERTAKER

ADDRESS

Old & Mitchell

Indep

PARENTS

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.

MAH 22 1929

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FILED 2-2-29 F. L. Cook

REGISTRAR

J. Heckman

