

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

Do not use this space.

6355

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City Fayette (No. J. Fairmount) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 60 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 98 Sleight St. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malvina Branson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 12 1864</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
10. NAME OF FATHER				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
12. MAIDEN NAME OF MOTHER				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
14. INFORMANT <u>D. Hattwood</u> (Address) <u>3828 Ballmaire</u>				
15. FILED <u>2-16-29</u> <u>F. L. Cook</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 2.18/29, 1929, to 2.16, 1929 that I last saw h. in alive on 2.9/29 and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1) Bronchial Pneumonia  
2) Chronic Nephritis  
131  
107A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 1270A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Y. N. A. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical - Palpatory  
(Signed) Wheeler, M. D.  
2-16-1929 (Address) 10307 Independence Ave KCMO

\*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 <u>7.4 B. Ballmaire Mo.</u>	DATE OF BURIAL <u>2-18 1929</u>
20. UNDERTAKER <u>Mrs. Farster</u>	ADDRESS <u>K.C., Mo.</u>

WHILE CRIMELY, WITH UNFADING INK THIS IS A PERMANENT RECORD

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.

MAR 22 1929

PARENTS

Sumner  
534 Arlington  
Riverside St.

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