WRITE PLAINLY, 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.

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

Do not use this space.

6573

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 738

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. St. Marys Hospital St. Ward)

2. FULL NAME Ervin Flora

(a) Residence. No. 4315-E-10th St., 12 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-22-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	9	20	

8. OCCUPATION OF DECEASED

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

(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) Illinois

PARENTS

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Minerva Flora
(Address) 4315-E-10th St.

15. FILED 2/13, 1929 M. M. Crowe REGISTRAR
Asst

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febry 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1929, to Febry 12th, 1929 that I last saw him alive on Febry 12th, 1929, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Cardiac & Pulmonary Infarcts

(duration) yrs. mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4315 E 10th St, K. C. Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Finding at autopsy

(Signed) H V Cordry MD, M. D.

Feby 13, 1929 (Address) 805 Elmwood ave

*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
Elmwood	Feb. 14, 1929

20. UNDERTAKER	ADDRESS
Mrs. C. L. Foster	K. C. Mo.