

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

Do not use this space.

6582

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 299
Primary Registration District No. Woodland

File No. _____
Registered No. 747
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5500 Woodland St., 13 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Alice R. Van Wye

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
61 | 9 | 4

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Joseph Van Wye

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

12. MAIDEN NAME OF MOTHER Margaret Win

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

14. INFORMANT Mrs. Alice R. Van Wye
(Address) 5500 Woodland

15. FILED 2/13, 29 M. M. Corvett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Feb 11, 1929, and that I last saw him alive on Feb 11, 1929, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic mitral insufficiency
131

92A
Don't know (duration) _____ yrs. mos. ds.

CONTRIBUTORY Chronic nephritis
(SECONDARY) Don't know (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none arranged

(Signed) J. E. Ball, M. D.

2/12 1929 (Address) 1103 E 47th

*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 Cremation DATE OF BURIAL Feb 14 1929

20. UNDERTAKER S. H. Newcomer ADDRESS 167th St. K.C. Mo.

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.

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1
31
2

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