

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

Do not use this space.

6615

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kearney Primary Registration District No. 1007

City Kansas City (No. 1904 Vine St) St. _____ Ward _____

File No. 780
Registered No. 780

2. FULL NAME

Charles W. Overstreet
(a) Residence. No. 1904 Vine St., 4 Ward.

Length of residence in city or town where death occurred 5 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, _____ hrs.	or _____ min.
<u>43</u>	<u>7</u>	<u>14</u>			

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. Overstreet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Lizzie Lamm

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

14. INFORMANT Francis Overstreet
(Address) 1904 Vine St

15. FILED 2-14-29 M. M. Emme REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2-9-29 to 2-12-29, 1929
that I last saw him alive on 2-12-29, 1929 and that death occurred, on the date stated above, at 8:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
93A
111B (duration) _____ yrs. mos. 42 ds.
CONTRIBUTORY Pulmonary Edema
(SECONDARY) (duration) _____ yrs. mos. 1 ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Lon M. Tillman, M.D.

2/15, 1929 (Address) 1618 Lydian

*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 Highland DATE OF BURIAL Feb. 16, 1929

20. UNDERTAKER Adkins Bros ADDRESS 2000 E-12th St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

