

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

Do not use this space.

6683

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City (No. 1719 Tracy)

File No. _____
 Registered No. 848
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1719 Tracy St. 4 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 Male **4. COLOR OR RACE** Col. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25 1879

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
49 4 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (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) La.

10. NAME OF FATHER Joe O'Neal

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

12. MAIDEN NAME OF MOTHER Martha Jones

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

14. INFORMANT Joe O'Neal
 (Address) 1719 Tracy

15. FILED 2-20-29 M. J. Emme REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Feb 17, 1929
 that I last saw him alive on Feb 17, 1929, and that death occurred, on the date stated above, at 6:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis, acute
931
1152

CONTRIBUTORY (SECONDARY) Acute bacitria
 (duration) yrs. mos. ds. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Dr. Frank Watson, M.D.

2-19-29 (Address) 1120 Rialto

*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 Minden, La. **DATE OF BURIAL** 2/20 1929

20. UNDERTAKER Watkins Bros **ADDRESS** 1729 Lydia

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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B. J. Hatten, 24th & Proquest. - 1120 Kialto Bldg. Vic 6780

1916 Park.

DEC 9 1972

FEB 19 1974