

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

Do not use this space.

6813

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. _____
 Township Wash Primary Registration District No. _____ Registered No. 979
 City Kansas City (No. General Hospital No 2) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1702 Virginia 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 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Johns</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 12, 1886</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>3</u>	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Labourer</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)
Oklahoma

PARENTS	10. NAME OF FATHER <u>Johns Richard</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	12. MAIDEN NAME OF MOTHER <u>Lare Celby</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	

14. INFORMANT Patent
 (Address) 1702 Virginia

15. FILED 7/28 1929 M. M. Brown REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1929
 17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1928, to Feb 26 1929 that I last saw him alive on Feb 26 1929 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency

5 1/2 yrs. (duration) 9 30 mos. da.
 CONTRIBUTORY (SECONDARY) Arthritis Deformans
 (duration) 5 2 1/2 yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical + Lab
 (Signed) A. M. Smith M. D.
727 1929 (Address) Gen Hospital No 2
 *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 Blue Ridge DATE OF BURIAL 3/4 1929
 20. UNDERTAKER L. B. Moore ADDRESS 1820 E 18

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.

