

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

Do not use this space.

27 1929

15022

1. PLACE OF DEATH

County Jackson Registration District No. 403
 Township Prosperity Primary Registration District No. 5557
 City Mun (No. 1) Law St. 94 Ward

2. FULL NAME

(a) Residence No. Joe Clark Ward.
 (Usual place of abode) Day House S. 1st (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
60

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) unknown
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Municipal Lumber
 (Address) Leeds mo

15. FILED 4-12-29 W. W. Hobbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY that I attended deceased from 11:10 a.m. 19... to... 19...
 that I last saw h... alive on... 19... and that death occurred, on the date stated above, at... 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
90c (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Harvey McNeal M. D.
 . 19 (Address) Regulador

*State the DISEASE CAUSING DEATH or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL April 23 1929

20. UNDERTAKER Rose & Henderson ADDRESS 15 7/2 street

231

March 25-7

33 rd & Chestnut