

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

Do not use this space.

18119

399

1. PLACE OF DEATH

County Jackson
Township Kaw
City Lans City, Mo

Registration District No. 1000
Primary Registration District No. 1228 Cherry

File No. 2164
Registered No. 2164 St. 2 Ward

2. FULL NAME

(a) Residence. No. 1228 Cherry St., 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. 85

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Veteran, level 1000
(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) Kentucky

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Dr. R. L. St. Clair
(Address) 5242 St John

15. FILED 7.10.29 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 15 1929 to May 4 1929
that I last saw breath alive on May 4 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

92A Tropical Regurgitation

90 (duration) 2 yrs. mos. da.
CONTRIBUTORY arterio Sclerosis
(SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) R L St Clair, M. D.

May 4, 1929 (Address) 5242 St John

*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 DATE OF BURIAL

Leavenworth Kaw May 7 1929

20. UNDERTAKER ADDRESS

Rose & Henderson 15th Jackson

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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