

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

Do not use this space.

18459
2579

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Blaw Primary Registration District No. _____
 City Kansas City (No. 1910 Grove) St. _____ Ward _____

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

2. FULL NAME

(a) Residence. No. 1910 Grove 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 Fe 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marshall
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Unk Burkhardt

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John Phillips
 (Address) 1910 Grove

15. FILED 6/8 29 M. M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28 19 29

17. I HEREBY CERTIFY, That I attended deceased from 5/12 1929, to 5/29 1929 (that I last saw h. m. alive on 5/29 1929, and that death occurred, on the date stated above, at 7:15 m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral Stenosis
92A

(duration) 2 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Local Infection

(duration) 1 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no
 (Signed) G. J. Hough M. D.
5/29 19 29 (Address) 2208 E - 18th St

*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 Lawn DATE OF BURIAL 6/8 19 29

20. UNDERTAKER Watkins Bros. ADDRESS 1729 Lydia

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 FULLY, WITH CARE

Mr Hough, 18th Brooklyn.