

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

Do not use this space.

21390

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1002

City Kansas City

No. 4911

E 2 3rd

File No. 2520

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(a) Residence. No. 4911 E 2 3rd St., 12 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1871

7. AGE

YEARS 57

MONTHS 8

DAYS 0

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ind.

(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unk

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unk

(STATE OR COUNTRY)

14. INFORMANT Mrs Jennie May Hall

(Address) 4911 E 2 3rd St.

15. FILED 6/4, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1929

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1929, to June 3, 1929, that I last saw him alive on June 3, 1929, and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

132.A
132.B

CONTRIBUTORY (SECONDARY) Parachymotors nephritis

18. WHERE WAS DISEASE CONTRACTED? 132B

IF NOT A PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical & laboratory

(Signed) E. A. Burkhardt M. D.

6/4, 1929 (Address) 3346 Summit

*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 Memorial Park

DATE OF BURIAL June 5 1929

20. UNDERTAKER S. H. Jewcome

ADDRESS Dusk 6 Mo

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.

73

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31

31

has been

3-5-1903

3-5.