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

Do not use this space.
21412

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1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 2534
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Coldren, Clarence
(a) Residence. No. 3526 Olive St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9, 1865

7. AGE: YEARS 64 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(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) Iowa

PARENTS
10. NAME OF FATHER Olive E. Coldren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER ~~Iowa~~ Helen Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Record Clerk
(Address) K. C. General Hosp.

15. FILED 6/5, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-26, 1929 to 6-3, 1929 that I last saw him alive on 6-3, 1929 and that death occurred, on the date stated above, at 6:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial degeneration
9.3 C.
9 Y.P. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Coronary Embolus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 90B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings & Aut.
(Signed) P. E. Williams, M. D.
6-4, 1929 (Address) Supt K. C. Genl Hosp

*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: Chicago Ill — DATE OF BURIAL: 6/6 1929

20. UNDERTAKER: O. P. Mast — ADDRESS: 1916 East 15

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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