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

Do not use this space. 21498 2634

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3942 Olive St. St. Ward)

2. FULL NAME Jerry Raymond Pointer
(a) Residence. No. 3942 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 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17, 1903

7. AGE: Years 26 — Months 10 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lineman for Light
(b) General nature of industry, business, or establishment in which employed (or employer): and power Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Richmond
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Howard S. Pointer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Richmond
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sally J. Priest
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Richmond
(STATE OR COUNTRY): Missouri

14. INFORMANT: Howard S. Pointer
(Address): 1003 Argyle Bldg.

15. FILED 6/12, 1929 M. M. Crowe Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 10 1903

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1929, to June 10, 1929 that I last saw him alive on June 10, 1929 and that death occurred, on the date stated above, at 2:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
1000
95 BD
116
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY): Acute Pulmonary Oedema
Dilatation Heart — (duration) yrs. mos. 8 hrs

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
6/11, 1929 (Signed) John H. Ogilvie, M.D.
(Address) 1002 Argyle

*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 Cem — DATE OF BURIAL: 6/14 1929

20. UNDERTAKER: Shine & McClure — ADDRESS: 3235 Gillham Plaza

WRITE PLAINLY, WITH UNFA...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U.S.N.

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