

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

Do not use this space.

27892  
3584

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City KVC Mo.

Registration District No. 1002  
 Primary Registration District No. Mercy Hospital

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1257 Scott St. K. C. Kans Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1/1/29</u>		
7. AGE YEARS <u>About</u>	MONTHS <u>8</u>	DAYS <u></u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>None</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-19, 1929, to 8-22, 1929 that I last saw him alive on 8-22, 1929, and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1193 Enteritis  
1078 Broncho. Pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) Broncho. Pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 113 B  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) L. E. Shamber, M. D.  
8/22, 1929 (Address) Mercy Hosp.

9. BIRTHPLACE (CITY OR TOWN) Henrietta  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jesse Gort

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Georganna Shoe

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

14. INFORMANT Wm. H. Smith  
 (Address) 1257 Scott Ave

15. FILED 8/22, 1929 M. M. Crowe  
 asst. REGISTRAR

\*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 Aug 23, 1929

20. UNDERTAKER Henrich Bros ADDRESS 640 Kansas Ave  
1929

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.

