

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

Do not use this space.

227909  
3 *although*  
File No. *3611*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**1. PLACE OF DEATH**

County *Jackson* Registration District No. \_\_\_\_\_  
Township *Law* Primary Registration District No. \_\_\_\_\_  
City *Kansas City* No. *3038 Terrace*

**2. FULL NAME**

*Mitchell Doniphans Sr.*  
(a) Residence. No. *3038 Terrace* St. *3* 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 <i>M.</i>	4. COLOR OR RACE <i>cal.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married.</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Kate Doniphans</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>March-15-1862</i>		
7. AGE	YEARS <i>67.</i>	MONTHS <i>5</i>
	DAYS <i>6</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Labor.</i> (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) <i>MO</i>		
10. NAME OF FATHER <i>Mitchell Doniphans</i>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
12. MAIDEN NAME OF MOTHER <i>M.R.</i>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>		
14. INFORMANT <i>Mitchell Doniphans</i> (Address) <i>3034 Terrace</i>		
15. FILED <i>8-24-1929</i> <i>M. M. Crane</i> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

*3*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 21 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 20<sup>th</sup> 1929* to *Aug 20<sup>th</sup> 1929* that I last saw him alive on *Aug 20<sup>th</sup> 1929* and that death occurred, on the date stated above, at *1:40 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Myocardial Regurgitation*  
*resulting in Septicemia*

CONTRIBUTORY (SECONDARY) *Phagocytic ulcer of Seq*

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS?  
*NO*

(Signed) *Paul Burkhardt* M.D.  
*Aug 29 1929* (Address) *1044 James K. Kaop*

\*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 *Worshipers -* DATE OF BURIAL *Aug 26, 1929*

20. UNDERTAKER *Nathl. Hotel* ADDRESS *1520 W*

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.

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Phogedenis

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