

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

Do not use this space.

30901

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City No. 3827

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3925
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Brown House St. 4 Ward.

(Usual place of abode) 2125 near Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-18-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(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) Pennsylvania

10. NAME OF FATHER Ramtrak

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Lucy Sherman (Address) 3827 Baltimore

15. FILED 9/17, 1929 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 17-1929 to Sept 16 1929 that I last saw him alive on Sept 16 1929 and that death occurred, on the date stated above, at 503 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
87A
77 (duration) yrs. mos. ds. 1
CONTRIBUTORY Senile arteriosclerosis (SECONDARY)
162 (duration) yrs. mos. ds. 15

18. WHERE WAS DISEASE CONTRACTED Gradual onset
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
Narwin Delap M. D.

(Signed) Sept 16, 1929 (Address) 509 A. Witherspoon Bldg.

*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 Forest Hill DATE OF BURIAL Sept 19 1929

20. UNDERTAKER H.W. Newcomer's Sons ADDRESS St. Louis, Mo

WHILE PLAINLY, WITH UNFADING INK---THIS IS AN IMPERMANENT 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.

