

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

Do not use this space.

40870  
5276

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1  
 City Kansas City (No. 3617 Brooklyn Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Joseph Banks France  
 (a) Residence No. 3617 Brooklyn Ave. Ward 13. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 28 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 Mrs. Mary France

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Oct. 25, 1886

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, ..... hrs. or ..... min.
<u>83</u>	<u>1</u>	<u>2</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Retired Roadmaster  
 (b) General nature of industry, business, or establishment in which employed (or employer) Nabab Rail Road  
 (c) Name of employer England

**9. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) England

**10. NAME OF FATHER** Joseph B. France

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

**12. MAIDEN NAME OF MOTHER** Don't know

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) England

**14. INFORMANT** P. J. Admitage  
 (Address) 3617 Brooklyn Ave

**15. FILED** 12/23 1929 M. M. Crowe  
 asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**  
**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Dec. 22 1929  
**17.** I HEREBY CERTIFY, That I attended deceased from Dec. 1 1929, to Dec. 22, 1929.  
 that I last saw him alive on Dec. 22, 1929, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Dilatation of Heart  
93C  
95B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY** Chronic Myocarditis  
 (SECONDARY) (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
 (Signed) John Woodward M. D.  
12/23, 1929 (Address) 230 Rathbun 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** 12/4 1929  
**20. UNDERTAKER** Greenway Mortuary **ADDRESS** 104 West 42nd St.

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.

WHITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Er. J. H. Menden  
230 Lakeside Bldg.  
U.S. 5705  
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