

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

Do not use this space.

40954  
3512

**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. 2722)

(No. 2722)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2722 Prospect St.

11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M

4. COLOR OR RACE wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE

YEARS 67

MONTHS \_\_\_\_\_

DAYS \_\_\_\_\_

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Dist. Mgr.

(b) General nature of industry, business, or establishment in which employed (or employer) Security Benefit Assn.

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Fuiley Ohio

**10. NAME OF FATHER**

Unknown

**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**

(Address) Roy D. Velda 2722 Prospect

**15. FILED**

12/28/29

M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Dec 28, 1929 that I last saw him alive on Dec 28, 1929, and that death occurred, on the date stated above, at 4:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
93C  
95B (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Acute cardiac  
(SECONDARY) dilatation (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH POB

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Fred W. Smith, M. D.

12/28, 19 29 (Address) 1010 Chambers 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**

DATE OF BURIAL

Forest Hill

Dec 30 1929

**20. UNDERTAKER**

ADDRESS

St. Newcomer's

76 Mo

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.

20. 5th St. New York  
1010 Chambers Bldg  
M5882  
2-5.