

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

Do not use this space.

5156

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 212 S. Ashew)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 814
St. _____ Ward _____

2. FULL NAME

Charles H. Trask
(a) Residence. No. 212 S. Ashew St. 9 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 21 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 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 78 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Berlaw Paper Co
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edward B. Bryan
(Address) 3347 S. Ashew

15. FILED 2/21, 1930 M. M. Crowe
REGISTRAR Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 19 30

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1929, to Feb 20, 1930, that I last saw him alive on Feb 19, and that death occurred, on the date stated above, at 11 5th St. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocardial infarction
131
930 (duration) yrs. mos. ds. Chronic valvular disease
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) A. J. Trevelick M. D.

2/20, 1930 (Address) 4037 Manhattan Blvd

*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 Mt Wash. DATE OF BURIAL Feb 22 19 30

20. UNDERTAKER A. H. Newcomer's Sons ADDRESS KC Mo

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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Mr. Frank

402 Westmanly Rd

Lo. 1300

212 S. Asher

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