

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

Do not use this space.

5236

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Ramsey Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. of Maum Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward T. Peka Kan  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/26 1930

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

HEREBY CERTIFY, That I attended deceased from 2/26 1930 until I last saw him alive on 2/26 1930, and that death occurred, on the date stated above at 11:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 - 1894

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebro Spinal Meningitis  
Epidemic Type  
18 (duration) yrs. mos. 7 ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 6 20

CONTRIBUTOR (SECONDARY) 24 (duration) yrs. mos. ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Locomotive Fireman  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED 122 Summer K. C. Kans  
 IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Jefferson County  
 (STATE OR COUNTRY) Kansas

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

10. NAME OF FATHER Samuel Ogan

WAS THERE AN AUTOPSY? no (microscopy)

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

WHAT LAST CONFIRMED DIAGNOSIS Spinal Meningitis Epidemic of fluids

12. MAIDEN NAME OF MOTHER Fred West  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas  
 (STATE OR COUNTRY)

(Signed) M. J. O'Brien M. D.  
2/26, 1930 (Address) 1034 Kault 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.

14. INFORMANT C. H. Pepler  
 (Address) T. Peka Kansas

19. PLACE OF BURIAL, CREMATION, OR REMOVAL T. Peka Kansas DATE OF BURIAL Feb 28 1930

15. FILED 2/26, 1930 M. M. Crowe REGISTRAR  
Ans

20. UNDERTAKER Wm J. Sheehan ADDRESS K. C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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