

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

Do not use this space.

5270

1. PLACE OF DEATH

County Jackson Registration District No. 299

Township Hampton Primary Registration District No. 109

City Hampton (No. 1816 More)

File No. _____

Registered No. 1028

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1816 More St. 4 Ward.

(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

m

4. COLOR OR RACE

col

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

single

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

2-28-30

17. I HEREBY CERTIFY, That I attended deceased from _____

_____ 19____, to _____ 19____,

that I last saw him _____ alive on _____ 19____, and that

death occurred, on the date stated above, at _____ m.

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

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

unk 1874

7. AGE YEARS MONTHS DAYS

about 55

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

Porter

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unk.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unk.

14. INFORMANT

(Address)

Hattings Bros
729 Lydia

15. FILED

28, 1930

M. W. Connel

REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Concordia Kansas 2/28 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified.

2890

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)
JA

(duration) _____ yrs. _____ mos. _____ ds.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
autopsy

(Signed) [Signature] M. D.

19____ (Address) 2890 Lydia

*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.

20. UNDERTAKER
Hattings Bros ADDRESS 1729 Lydia

