

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

Do not use this space.

8968

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kan Primary Registration District No. 80
City Kansas City (No. Kansas City Gen. Hosp)

File No. _____
Registered No. 1040
St. 1040 (Ward)

2. FULL NAME

(a) Residence. No. 1909 Prospect St. Ward. 11
(Usual place of abode)
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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 30 1866</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>26</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labour</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

PARENTS	10. NAME OF FATHER <u>John Cude</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT (Address) Paula Cude
K.C. General Hosp.

15. FILED 3/27 1930 M. M. Croome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-20 to 3-26 1930 that I last saw him alive on 3-26 1930 and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforated gastric ulcer
117A
120

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Anteopsy
(Signed) P. E. Williams M. D.
3-27 1930 (Address) Supt K.C. Gen. Hosp.

*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 Collinsburg Kansas DATE OF BURIAL 3/27 1930

20. UNDERTAKER [Signature] ADDRESS 1915 East 15

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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