

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

Do not use this space.

16070

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 100  
City Kansas City, Mo. 214 W Concord St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1970  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 214 W Concord St., \_\_\_\_\_ Ward 8  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 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) March 27, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
88 1 10

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Preston N.Y.  
(STATE OR COUNTRY)

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 Wallace J. Ferry  
(Address) 214 W Concord

15. FILED 5/8, 1930 M. M. Crome REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to \_\_\_\_\_, 1930, that I last saw him alive on \_\_\_\_\_, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial pneumonia 82A  
Obtuse 107A  
K 97

(duration) \_\_\_\_\_ yrs. mos. ds.  
CONTRIBUTORY Cerebral arterio sclerosis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. C. Gillett M. D.  
18 . 19 30 (Address) Bro Park 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 Forest Hill DATE OF BURIAL May 9 1930

20. UNDERTAKER H. H. Newcomer's Sons ADDRESS 107 E 13th

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

20  
2  
31  
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.

