

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

Do not use this space.

1926-2

Old to ... 6/13/30

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kan. cit (No. Gen. Hosp No 2) St. _____ Ward _____

2. FULL NAME Wesley John
 (a) Residence. No. 1833 Phoe 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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 7 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Laborer un-
 (b) General nature of industry, business, or establishment in which employed (or employer). skilled
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930 to June 9, 1930 that I last saw him alive on June 9, 1930 and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency
93D (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) MO (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? no
 WHAT TEST CONFIRMED DIAGNOSIS? Phys. exam
 (Signed) Howard M. Smith, M. D.
6-9, 1930 (Address) Gen. Hosp. #2

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Maryland

PARENTS
 10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

*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 Record Clerk
 (Address) Gen. Hosp # 2

15. FILED 8/19 1930 M. H. Crowe REGISTRAR
Asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____
K.C. Western Dental School 6-13 1930

20. UNDERTAKER _____ ADDRESS _____
West Affliction & Jones Mo. State Anatomical Board

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.

Missouri State Board

