

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

Do not use this space.

22802

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kennett City

Registration District No. 399
Primary Registration District No. 1002
(No. 1852 E 68th Terrace)

File No. _____
Registered No. 2703
St. 15 Ward 15

2. FULL NAME

(a) Residence. No. 1852 E 68th Terrace St. 15 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred lifetime 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>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leona Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 7, 1874</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Building contractor
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Mrs Leona Gibson

(Address) 1852 E 68th Terrace

15.

FILED 7/7, 1930

M. M. Crowe
REGISTRAR
Crowe

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-4 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilatation of heart
950
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stanley M. Hall

M. D.

7/4, 1930 (Address) 1852 E 68th Terrace

*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

DATE OF BURIAL

Forest Hill

July 7 1930

20. UNDERTAKER

ADDRESS

D.W. Newcome's Sons

K.C. Mo

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.

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