

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

Do not use this space.

26936

1. PLACE OF DEATH

County Jackson Registration District No. 882

Township Wau Primary Registration District No. 1007

City Jackson No. 7139 Cleveland St. _____ Ward _____

File No. _____

Registered No. 82543

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7139 Cleveland St. 16 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

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 3 | 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House wife
(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) Ks.

10. NAME OF FATHER Samuel Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ks.

12. MAIDEN NAME OF MOTHER Mary Hawk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Charles McKerson
(Address) 7139 Cleveland

15. FILED 8/28/30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1930 to Aug 27 1930 that I last saw her alive on Aug 26 1930, and that death occurred, on the date stated above, at 1:00 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

23 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs

(Signed) E. J. Petry M. D.

8, 1930 (Address) 826 Argyle 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 DATE OF BURIAL

Waseo Ks Aug 1930

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster K. C. Mo.

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.

714

U.S. 2232 Argyle

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