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

Do not use this space.

3 1006

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. 8812

Township Kaw — Primary Registration District No. 1002 — Registered No. 8812

City Kansas City (No. Evangelical Hospt St. Ward)

**2. FULL NAME** Jacob Walter Post

(a) Residence. No. St. Ward. Ochiltree, Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Since July 1-1930 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| M | wh | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1890

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 6 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer) 518 358
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Smith Post

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

12. MAIDEN NAME OF MOTHER Flora Temple

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

14. INFORMANT Herman L Post
(Address) Ochiltree, Kans

15. FILED 9/16, 1930 M. M. Crowe REGISTRAR
Asst

**4 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1930, to Sept 16, 1930 that I last saw h.... alive on ...., 19..., and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of penis
Metastatic in inguinal region. Femoral vessels
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
Lobar (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Julius Frischer, M. D.
Sept 16 1930 (Address) 337 Tathrop 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 Ochiltree, Kans — DATE OF BURIAL Sept 16 1930

20. UNDERTAKER D. H. Newcomer's Sons KC — ADDRESS

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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337 [illegible]
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