

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Ross
City Kansas City (No. St. Anthony's Home)

Registration District No. 399
Primary Registration District No. 1702

File No. 32978
Registered No. 4208
Ward)

2. FULL NAME

(a) Residence. No. St. Anthony's Home St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-26-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts.
1 6 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K. C. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) K. Mo

14. INFORMANT Sister M. Joseph
(Address) St. Anthony's Home 2302 E.

15. FILED 10/16/30 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/26/29 to Oct 8 1930 that I last saw him alive on Oct 7 1930 and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Chronic bilateral mastoiditis
898

CONTRIBUTORY (SECONDARY) 898 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Joseph White M. D.
10/19, 1930 (Address) 911 Maple St. Jd

*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 St. Marys Cemetery DATE OF BURIAL Oct 16 1930

21. UNDERTAKER John W. Wagner ADDRESS 1214 N. 1st St.

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

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.

