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.

JAN 19 1931

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

Do not use this space.

38650

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. —

Township — Primary Registration District No. 1001 — Registered No. 1390

City St. Joseph, (No. 918 Main St. St. Ward)

2. FULL NAME John A. Kost

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

Length of residence in city or town where death occurred 55 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 26, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Department Manager

(b) General nature of industry, business, or establishment in which employed (or employer) John S. Brittain Wholesale Dry Goods.

(c) Name of employer Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

PARENTS

10. NAME OF FATHER John G. Kost

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

12. MAIDEN NAME OF MOTHER Magdalena Kley

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

14. INFORMANT Mrs. Lida C. Kost (Address) 918 Main St.

15. FILED DEC 30 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 29, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Dec 29, 1930 that I last saw him alive on Dec 29, 1930, and that death occurred, on the date stated above, at 4.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

[illegible] 1 [illegible]

[illegible] 1 [illegible]

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension about (duration) 5 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Law, M. D.

12/30/1930 (Address) 217 Kirkpatrick 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
Mt. Mora Cemetery	Dec, 31, 19 30

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	1302 Faraon St.