

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

Do not use this space.

1494

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City N. C. Mo

Registration District No. 320  
Primary Registration District No. 320  
(No. 501 West 16)

File No. \_\_\_\_\_  
Registered No. 326  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 501 West 16 St. 6 Ward \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1911

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
19 7 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Chauffeur 1920  
(b) General nature of industry, business, or establishment in which employed (or employer) Imperial Chance  
(c) Name of employer Gayno

9. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Lloyd M. Dean

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Emma McElfresh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Mo.

14. INFORMANT M. M. Dean  
(Address) 501 W. 16 St. N. C. Mo

15. FILED 1-23-31 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Jan. 22, 1931.  
that I last saw him alive on Jan. 22, 1931, and that death occurred, on the date stated above, at 5:10 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) 3 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 Physical & Clinical

(Signed) R. P. Deady M. D.

1-23-31 (Address) 1114 Broadway

\*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

M. H. Mary Cem Jan 24 19 31

**20. UNDERTAKER** ADDRESS

A. P. Doehler 1415 E 15

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.

