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

Do not use this space.

25175

File No. 31-15

Registered No. 31-15

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City (No. 300 Benton Blvd St. Ward)

Registration District No. 3

Primary Registration District No.

2. FULL NAME Wilbur Eddy

(a) Residence. No. 300 Benton Blvd St. 9 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 7 1861

7. AGE: Years 69 Months 7 Days 16 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): N. York.

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mrs. A. Eddy
(Address) 300 Benton Blvd.

15. FILED 7/23 1931 M. M. Cosove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/23 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 7 1931 to July 23 1931 that I last saw him alive on July 23 1931, and that death occurred, on the date stated above, at 300 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pyelonephritis
Nephritis.

131 Chron Nep (duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary Stasis
(Signed) J. H. Lathrop, M. D.
July 23, 1931 (Address) 1112 E Armour

*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: Leavenworth Kans — DATE OF BURIAL: 7-24 1931

20. UNDERTAKER: Blackman & Son — ADDRESS: City

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.