

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5291

1. PLACE OF DEATH

County Franklin
 Township Independence
 City Independence (No.)

Registration District No. 286
 Primary Registration District No. H17

File No.
 Registered No.
 St. Ward

2. FULL NAME

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1883

7. AGE YEARS MONTHS DAYS
49 5 29
 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

14. INFORMANT J. H. Wright
 (Address) Clarke Ave

15. FILED Feb 18, 1933 Paul Davis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Feb 13, 1933.
 That I last saw him alive on Feb 13, 1933, and that death occurred, on the date stated above, at 11 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
 (duration) yrs. mos. da. 1 1/2

CONTRIBUTORY (SECONDARY) Infection
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 13IF NOT AT PLACE OF DEATH, DATE OF DID AN OPERATION PRECEDE DEATH, DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul Davis, M. D., 19 (Address) Kennett Mo

*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 County Cem DATE OF BURIAL 7/14 1933

20. UNDERTAKER County ADDRESS Kennett Mo

7.11.14