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

Do not use this space.

9659

1. PLACE OF DEATH

County Jackson — Registration District No. 385 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1263

City Kansas City (No. 3619 Garner St. Ward)

2. FULL NAME Frank J Hight

(a) Residence, No. 3619 Garner St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	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 Mrs. Nellie Hight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eigineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

FATHER

13. NAME James Hight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Nellie Hight 3619 Garner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 3/16/33, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 3/15, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 13, 19

I last saw him alive on March 13, 1933. Death is said to have occurred on the date stated above, at 4:50 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt. lobe)	3/11/33
Cerebral Hemorrhage	3/10/33
108	
108	

Other contributory causes of importance:

Hypertension	several yrs

Name of operation Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Powers, M. D.

(Address) 3401 E. 77th St.