

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

Do not use this space.

20401

1. PLACE OF DEATH

County Jackson Registration District No. 349
 Township Kear Primary Registration District No. 1000
 City Kansas City No. 5820, Virginia St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 5820 Virginia 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 1 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 8

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

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

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) Indiana

13. NAME Nat Covert

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

15. MAIDEN NAME unknown

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

17. INFORMANT Orville E. Bises (ADDRESS) 5820 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Mariah Ave DATE 6/11 1934

19. UNDERTAKER Stine & McElme U. Co. (ADDRESS) Kansas City Mo

20. FILED June 16 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

22. I HEREBY CERTIFY That I attended deceased from 40 years, 19 , to June 9, 1934
 I last saw him _____ alive on _____, 19 Death is said

to have occurred on the date stated above, at 3:15 P.

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

Acute Indigestion
1180

Date of onset 3/11/34

Other contributory causes of importance:
Cataract of stomach
and old age

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19

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

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) E. H. Herndon, M. D.
 (Address) 352 E. Montrose St. C. Mo.

E. H. Herndon

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.

MAY 27 1934

35-28 head of 11