

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

Do not use this space.

17115

**1. PLACE OF DEATH**

County Jackson  
Towship Blair  
City Kansas City

Registration District No. 399

Primary Registration District No. 100

File No. 17115

Registered No. 17115

St. 10 Ward 10

**2. FULL NAME**

(a) Residence No. 3234 St John St. 10 Ward 10  
(Usual place of abode)

Length of residence in city or town where death occurred 45 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)**

Widower

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

Louise Homack

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

Dec 20 1859

**7. AGE**

77

4

17

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

Retired St Card

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

employ

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Richard Homack

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

K.C.

**12. MAIDEN NAME OF MOTHER**

Miss Bradshaw

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT (Address)

Lillie Shwearengen  
3234 St John

**15.**

FILED

May 10, 1928  
M. M. Brown  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 7 1928

**17.**

I HEREBY CERTIFY That I attended deceased from May 7 1928 to May 7 1928  
that I last saw him alive on May 7 1928, and that death occurred, on the date stated above, at 12 noon.

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

Arterio Sclerous Edege  
and Kidneys Chronic

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. da.

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Physical

(Signed) J. B. Brown, M. D.

(Address) KC 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**

**DATE OF BURIAL**

Springfield Mo

5/10/1928

**20. UNDERTAKER**

**ADDRESS**

Mr. G. L. Fowler

City

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.

981

722 4678.

