

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

8827

1. PLACE OF DEATH

County Jackson
Township New
City W. Mo

Registration District No. 700
Primary Registration District No. 1175
(No. 5739 Wabash)

File No.
Registered No.
St. 77 Ward

2. FULL NAME

(a) Residence. No. 5739 Wabash 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24-1900

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>22</u>	<u>2</u>	<u>10</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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) Ill

10. NAME OF FATHER Ed Mann

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

12. MAIDEN NAME OF MOTHER Effie Walters

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

14. INFORMANT Effie Phillips
(Address) 401 Park

15. FILED 3/5 1923 M.M. Crowe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-4 1923

17. I HEREBY CERTIFY That I attended deceased from 3-1-23 to 3-7-23, 1923, and that I last saw him alive on 3-4, 1923, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
1 year under care of
Physician Science
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Kansas City

18 Did an operation precede death? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

3/4 (Signed) Marking, M.D.
(Address) 1004 Reutter Bldg

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Washington

3-17 1923

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster

K.C. Mo.

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.

