

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

Do not use this space.

1305

**1. PLACE OF DEATH**

County Jackson  
Township Staw  
City Kansas City (No. 3721)

Registration District No. 309  
Primary Registration District No. 3002  
Flora

File No. \_\_\_\_\_  
Registered No. 355  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Omaha, Nebr.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

m.

**4. COLOR OR RACE**

wh

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF Nelle M. De Croff  
(OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 8, 1873

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 1 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work State acct  
(b) General nature of industry, business, or establishment in which employed (or employer) Royal Ins. Co.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Horicon, Wis.  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** \_\_\_\_\_

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_  
(STATE OR COUNTRY)

**14. INFORMANT** Mrs. Nelle M. De Croff  
(Address) 3721 Flora

**15. FILED** Jan 27, 1926 M. M. Ginn  
Dep REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 26 19 26

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 19 25, 1926 **to** Jan 26, 1926  
**(that I last saw him** alive on Jan 26, 1926 **and that**  
**death occurred, on the date stated above, at** 11:45 a.m.

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

General carcinomatosis  
primary carcinoma  
in liver.

**CONTRIBUTORY (SECONDARY)** 440 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) M. Jackson, M. D.  
67, 1926 (Address) 825 Lathrop 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** Merrill, Wis. **DATE OF BURIAL** Jan 28 1926

**20. UNDERTAKER** D. H. Newcomer **ADDRESS** 100 W.

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.

