APR 23 1927

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

Do not use this space.

7659

1. PLACE OF DEATH
County Cole
Township
City Jefferson City Mo No.
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No.
St. Ward)

2. FULL NAME James Albert Ping
(a) Residence. No. Mo Penitentiary 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 28 | – | – | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Junk Dealer
(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) Kentucky

PARENTS
10. NAME OF FATHER
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 Prison records
(Address)

15. FILED 3/25, 1927 M. Burford REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1927

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1927, to March 22, 1927, that I last saw him alive on March 22, 1927, and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
9108 88 B
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? –
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? –
(Signed) F. W. Gillhams, M. D
3/24, 1927 (Address) Jefferson City 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 St Joseph Mo
DATE OF BURIAL 3/26 1927

20. UNDERTAKER Dawson Tanner
ADDRESS J.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state