

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

Do not use this space.

11765

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 11307
 Township Kaw Primary Registration District No. 1002 Registered No. 11307
 City Kansas City (No. Whealey Prov. Hosp.) St. Mo. Ward
 2. FULL NAME Richard Temple, Jr.
 (a) Residence No. 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 M. 4. COLOR OR RACE Col. 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) unk. 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42
 8. OCCUPATION OF DECEASED Janitor 122A 97A
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY)
 10. NAME OF FATHER Richard Temple
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Nancy Cook
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va. (STATE OR COUNTRY)

14. INFORMANT Richard Temple (Address) 2012 Howard
 15. FILED 4/13 27 m.m. Brown REGISTRAR over

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1927
 17. I HEREBY CERTIFY That I attended deceased from April 9 1927 to April 10 1927
 that I last saw him alive on Apr. 10 1927, and that death occurred, on the date stated above, at 2:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac embolism
11307 (duration) yrs. mos. ds.
 CONTRIBUTORY Strangulated Hernia (SECONDARY) about (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Whealey Prov. Hosp.
 IF NOT AT PLACE OF DEATH? Yes DATE OF 4-10-27
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF
 WAS THERE AN AUTOPSY? Not
 WHAT TEST CONFIRMED DIAGNOSIS? Chieftest symptoms
 (Signed) Lynn N. Nye M. D.
4/12 1927 (Address) 733 Reath 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL 4/14 1927
 20. UNDERTAKER Mathins Bros ADDRESS 1728 Redia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

