

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

Do not use this space.

37025

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1008
 City Kansas City (No. 9, Trinity Hospital) St. 3 Ward)

File No. 1550
 Registered No. 1550

2. FULL NAME

(a) Residence. No. 3548 Penn St. 5 Ward. 5
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Forbes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 23-1853</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>-</u>
		29
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Linen Buyer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>John Taylor</u> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	10. NAME OF FATHER <u>doit know</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	12. MAIDEN NAME OF MOTHER <u>doit know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	

14. INFORMANT Margaret Forbes
 (Address) 3548 Penn.

15. FILED 12/23/27 M.M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1927
 17. 21

I HEREBY CERTIFY That I attended deceased from Dec 21, 1927 to Dec 22, 1927
 that I last saw him alive on Dec 22, 1927 and that death occurred, on the date stated above, at 10:19 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of Stomach and Gall Bladder
46B
45E (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 44W (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH. no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Very Examination
 (Signed) C.C. Conover M. D.
723, 1927 (Address) 10th & Main Bldg. Bldg. 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 Forest Hill DATE OF BURIAL 12/24/27
 20. UNDERTAKER The Freeman Mortuary ADDRESS 42nd + Baltimore

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.

