

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

Do not use this space.

37165

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. 1707 Paradeway

File No. _____
Registered No. 4990
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1707 Paradeway Apt 25 St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. _____ How long in U.S., if of foreign birth? yrs. mos. da. _____
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>10</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Writer
(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) Louisiana

10. NAME OF FATHER George Dudley

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

12. MAIDEN NAME OF MOTHER Jessie Nash

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

14. INFORMANT Ida Dudley
(Address) 1705 Paradeway

15. FILED 12/31, 1927 M. N. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov-29, 1927, to Dec 6, 1927 that I last saw him alive on Dec 27, 1927 and that death occurred, on the date stated above, at 8:22 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial insufficiency
23 D (duration) yrs. mos. da. 150
CONTRIBUTORY (SECONDARY) Arterial Hypertension 7a
Arterio sclerosis
Syphilis (duration) yrs. mos. da. _____

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? Dr. E. J. G. M.D.
1729, 1927 (Signed) Raymond T. Gandy M.D.
(Address) Bea Hospital, K.C. 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 Blue Ridge Union DATE OF BURIAL 1-2-1928

20. UNDERTAKER Hatkins Bros ADDRESS 1729 Lydia

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.

Dr. [unclear]
W. [unclear] B. [unclear]