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.

vi 4238

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

Do not use this space.

5005

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 5005

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 665

City: Kansas City (No. Research Hos St. Ward)

2. FULL NAME John Palmer

(a) Residence. No. Day Hotel 5 Main 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): not Known

7. AGE: about 70 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Brown Peddler

(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): not Known

PARENTS

10. NAME OF FATHER: Palmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Frank Palmer (Address) Sioux City Iowa

15. FILED 2/14, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Chronic Myocarditis

90B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Heart failure

(duration) yrs. mos. 3 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? Laboratory, Physical, Surgical

(Signed) Jean V Bell, M. D

2/14, 1928 (Address) 1800 Fed Res Bit 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: Sioux City Iowa — DATE OF BURIAL: Feb 14 1928

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

1800 Federal Reserve Bank
Tel Victor 4[illegible]8

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