

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

Do not use this space.

17260

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township East Primary Registration District No. 1007 Registered No. 2782
 City Lawrence (City or town and State) Trinity Lutheran Church (Ward)

2. FULL NAME

(a) Residence No. _____ St. _____ Ward Richfield, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 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) Jan 13 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 3 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mt Sterling
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Cox

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

12. MAIDEN NAME OF MOTHER Nancy Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt Sterling
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Hospital Records
 (Address) Kansas City Mo.

15. FILED 7/21 28 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1928

17. I HEREBY CERTIFY That I attended deceased from May 17, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 9:31 A.

THE CAUSE OF DEATH WAS AS FOLLOWS
Ch. arteriosclerotic Bright's Disease
General Arterio sclerosis
undetermined (duration) 131 yrs. 97 mos. da.

CONTRIBUTORY (SECONDARY) 1990 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1990
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cry & Lilly (Signed) _____, M. D.
9/21 1928 (Address) 1022 Argyle Bldg KCMO.

*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 Butler, Mo DATE OF BURIAL 5-22-1928

20. UNDERTAKER Dr Newcomer's Sons KCMO ADDRESS _____

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.

1022 August 1960

Vic. 96.70.

- 4.30 -