

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

Do not use this space.

20843

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 20843
 Township Raw Primary Registration District No. 1002 Registered No. 20843
 City Kansas City (Name Kansas City Genl Hosp) St. Mo. Ward

2. FULL NAME

(a) Residence. No. Grundy Home 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Don't know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hr. ... min.
75

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Don't know
 (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) Don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Reverend Clerk K.C. General Hosp.

15. FILED 6/24/28 M. M. Brown REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19 1928
 17. I HEREBY CERTIFY, That I attended deceased from 6-5 1928 to 6-19 1928
 that I last saw him alive on 6-19 1928 and that death occurred, on the date stated above, at 9:05 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
and Senility
98%
107%
16%
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Gangrene of both feet
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 15/10

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Plain film x-ray
 (Signed) P. E. Williams, M. D.
6-20-28 (Address) Sub 7 K. C. Genl Hosp

*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 Seeds DATE OF BURIAL 6-20 1928

20. UNDERTAKER P. V. Mast ADDRESS

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.

PERMANENT RECORD

