

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.

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

Do not use this space.

33809

1. PLACE OF DEATH

County JacksonRegistration District No. 339Township NewPrimary Registration District No. 5314City Kansas CitySt. ClevelandFile No. 27519Registered No. 27519St. 16Ward 16

2. FULL NAME

(a) Residence, No. 5314

(Usual place of abode)

ClevelandSt. 16

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Thos Henry Orrick

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

May 7-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

62518

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

Andrew Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Thos Henry Orrick
5314 Cleveland

15.

FILED

10/26/28M. M. Cerome

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Thursday
Oct 25 1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1928, to Oct 25, 1928, that I last saw him alive on Oct 25, 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hepatitis
12 1/2 yrs. (duration) 2 yrs. — mos. — da.

CONTRIBUTORY (SECONDARY)

12 1/2 yrs. (duration) 2 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

19. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

George F. Berry, M.D.
Oct 25, 1928 (Address) 15 Chambers Bed

*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

DATE OF BURIAL

ElmwoodOct 27 1928

20. UNDERTAKER

ADDRESS

Eylor Funeral Home1800 Linwood

