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

Do not use this space.

40911

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 5288
City Kansas City (No. 1800 Linwood Blvd. St. Ward)

2. FULL NAME Walter Bunn Eylar
(a) Residence. No. 68 E. Elmwood St., 16 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Superintendant
(b) General nature of industry, business, or establishment in which employed (or employer): Swope Park 5yrs
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanley Kansas

PARENTS
10. NAME OF FATHER Oliver Hazard Eylar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Union Ohio
12. MAIDEN NAME OF MOTHER Elma Bunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Terra Haute Ind.

14. INFORMANT Oliver H. Eylar
(Address) 1800 Linwood

15. FILED 12/20, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Dec 19, 1928, that I last saw him alive on December 19, 1928, and that death occurred, on the date stated above, at 6.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
108
43C 101A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia (Lobar)
(duration) yrs. mos. 4 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? Clinical - Lab - X Ray
(Signed) A. C. McClure, M. D
12/19, 1928 (Address) 728 Argyle Bldg 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: Memorial Park — DATE OF BURIAL: Dec. 22 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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.

[illegible] INFORMATION IS A PERMANENT RECORD