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.

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

Do not use this space.

1635

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Staw — Primary Registration District No. 1002 — Registered No. 225
City Kansas City Mo (No. 2520 Amie Street St. Ward)

2. FULL NAME John Necewander
(a) Residence. No. 2520 Amie St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1859

7. AGE: Years 69 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fireman
(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) Ind

PARENTS
10. NAME OF FATHER Abslum Necewander
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Kum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Kum

14. INFORMANT H. M. Necewander
(Address) 2613 Amie Court

15. FILED 1-16, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 15, 1929 that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 7 45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor pneumonia
108
92A
1 0 1 a
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Mitral insufficiency
do not know how long
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Allen L. Hearst, M. D
1/15, 1929 (Address) 722 Chambers 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: James Fort Mo — DATE OF BURIAL: 1/17 1929

20. UNDERTAKER: O V Mast — ADDRESS: 1915 East 15