

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

Do not use this space.

6444

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 379
Primary Registration District No. 100

File No. 699
Registered No. 699
St. St. Mary's Hosp. Ward

2. FULL NAME

(a) Residence No. John Russell St. St. Mary's Hosp. 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 5

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Sharp (Address) 3430 Roberts

15. FILED 276 19 29 M. M. Connel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 6 1929 to Feb 6 1929 (that I last saw him alive on Feb 6 1929, and that death occurred, on the date stated above, at 8:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute septicemia
Septicemia. Acute
Exanth.

CONTRIBUTORY (SECONDARY) Septicemia. Acute
of both feet

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1920
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? of clinical

(Signed) J. H. Jones M. D.
Feb 6, 1929 (Address) 1018 Maple St. Kansas City

*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 Elmwood DATE OF BURIAL Feb 7 1929

20. UNDERTAKER J. H. Newcome's Sons K. C. Mo. 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.

WHILE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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