

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

Do not use this space.
10948
10898

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kansas City Primary Registration District No. _____
 City Kansas City (No. 1319, Highland) Registered No. 11559
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1319 Highland 2nd 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1894

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>4</u>	<u>10</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chf. Cook Hotel
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ark
 (STATE OR COUNTRY)

10. NAME OF FATHER Manuel Green

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

12. MAIDEN NAME OF MOTHER Mariah Lee

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

14. INFORMANT Malcolm Green
 (Address) 1319 Highland

15. FILED 3/25-29 M. W. Corne
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20-29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of the Heart
 (duration) yrs. mos. ds. _____

CONTRIBUTORY Cocaine Intoxication
 (SECONDARY) (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED At Home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) M. D.
 No. 19 (Address) Highland

*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge DATE OF BURIAL Mar. 25, 1929

20. UNDERTAKER Adkins Bros ADDRESS 2000 E-12th

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.

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