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

Do not use this space.
14609
1644

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 4110 Wayne Avenue St. Ward)

2. FULL NAME MAX JOHN COLVIN
(a) Residence. No. 4110 Wayne St., 15 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.

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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## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 29, 1902

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 26 | 5 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None- Invalid
(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) Iowa

PARENTS
10. NAME OF FATHER John H. Colvin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Lottie Crane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois.

14. INFORMANT John H. Colvin
(Address) 4110 Wayne Ave.

15. FILED 4/5, 1929 M. M. Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1929

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to April 4, 1929 that I last saw him alive on April 4, 1929, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis and Aortic Regurgitation
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 12 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. P. Bayhouse, M.D.
4/5, 1929 (Address) 924 Rialto 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 Shenandoah, Iowa — DATE OF ~~BURIAL~~ 4-6 19

20. UNDERTAKER Steve & McClure — ADDRESS 3235 Gillham Plaza

905 Medical Arts Bldg.
Phone-VA-3243
Hours 1:30 - 4