

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

Do not use this space.

2012

File No. 14967

1. PLACE OF DEATH

County Jackson
Township Raw
City K.C. Mo. (No. 1632)

Registration District No. 399
Primary Registration District No. 2002
St. St. Louis (No. 1632)

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elmore Henry
(a) Residence No. 1632 St. Louis St. 9
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) D

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 3 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(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) Tenn.

PARENTS

10. NAME OF FATHER Mercera Joshua

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

12. MAIDEN NAME OF MOTHER Jentry Clara

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

14. INFORMANT Mercera Dick
(Address) 827 Oakland K.C. Kansas

15. FILED 4/30, 1929 M. W. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1929

17. I HEREBY CERTIFY, That I attended deceased from 4-8-1929 to 4-26-1929
that I last saw him alive on 4-26-1929 and that death occurred, on the date stated above, at 4:25pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) chr. nephritis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory et clinical
(Signed) H. M. Smith M. D.

4/26, 1929 (Address) Old City Hosp.

*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 West Lawn Cem DATE OF BURIAL 4-30-29

20. UNDERTAKER Nathan Photo ADDRESS 1520 No

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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