

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE OF DEATH

Do not use this space.

37461

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kanran City Mo.

Registration District No. 1002
 Primary Registration District No. 1718 E 24th

File No. _____
 Registered No. 1931
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1718 E 24th St., 4 Ward.

(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 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 Hattie Witt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 - - -

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Dont No
 (STATE OR COUNTRY)

10. NAME OF FATHER Dont No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont No
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont No

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont No
 (STATE OR COUNTRY)

14. INFORMANT Hattie Witt
 (Address) 1718 E 24th St.

15. FILED 17/ 19 29 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-28-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1928, 19____, to 11/28, 1929, that I last saw him alive on 27/, 1929, and that death occurred, on the date stated above, at 2:29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Independent failure
11/24 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension, Cerebral Hemorrhage
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chemical analysis
 (Signed) Raymond G. Coffey, M.D.
11/30, 1929 (Address) 1111 Grand

*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 Highland C. DATE OF BURIAL 12/1 1929

20. UNDERTAKER Wm. Applegate Jones ADDRESS 1600 E 24th

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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Handwritten text at the top of the page, possibly a signature or date, appearing as "100" or similar.