

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

Do not use this space.

5254

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1600
City Kansas City, Mo. No. 211 Missouri

File No. 912
Registered No. 912
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1152 East 3rd St. Ward 13
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1910 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 Harrett Parrish

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
74 2 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Store-keeper
(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) Mo.

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. Margaret Baker (Address) 1702 Wash Blvd

15. FILED 27, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1930, to Feb 26, 1930 that I last saw him alive on Feb 25, 1930, and that death occurred, on the date stated above, at 1450 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

CONTRIBUTORY (SECONDARY) Chr. Interstitial Nephritis (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) 4 yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Laboratory
(Signed) John R. Lewis, M. D.

Feb. 27, 1930 (Address) 3546 Indiana

*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 Park DATE OF BURIAL Feb 28 1930

20. UNDERTAKER A. H. Newcomer Sons ADDRESS 1620

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. 131-171

3548 J. B. Sand

Lin. 0731

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