

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Barren

Primary Registration District No. 100

City Mc Ewora

No. 1196 Agnes

File No. 40618

Registered No. 5133

St. Ward

2. FULL NAME

(a) Residence. No. 1106 Agnes St. 9 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

M

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

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

Mar 5-1918

7. AGE

11

9

0

If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Schoolboy

(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)

California

10. NAME OF FATHER

Tracy H. York

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

Mo

12. MAIDEN NAME OF MOTHER

William Schenck

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

Mo

14.

INFORMANT (Address)

J. H. York
1106 Agnes

15.

FILED

11-29 M. M. Crowe
Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec-5-1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1929, to Dec 5, 1929 that I last saw him alive on Dec 5-9-50, 1929, and that death occurred, on the date stated above, at 9.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8
130

Acute nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Scarlet fever

(duration) yrs. mos. 20 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?

Physiologist and
microscopist
Dr. W. S. Shurt M. D.

(Signed) Dec 6, 1929 (Address) 1235 Bratts 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

California

DATE OF BURIAL

11-7-1929

20. UNDERTAKER

Mrs. C. L. Foster

ADDRESS

K. C. Mo.

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.

1235 *Reared*