

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

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.

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

PLACE OF DEATH
County Jackson
Township _____ or Village _____ or City Kansas City (NO. 2719 Garfield St. 11 Ward)
Registration District No. _____ File No. 38155
Primary Registration District No. 1032 Registered No. 3975
FULL NAME Baby M^c Linn [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S</u>
DATE OF BIRTH <u>Dec 16</u> 19 <u>10</u> (Month) (Day) (Year)		
AGE <u>Stillborn</u> mos. _____ ds. _____	IF LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas City, Mo</u>		
PARENTS	NAME OF FATHER <u>Geo. H M^c Linn</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Texas</u>	
	MAIDEN NAME OF MOTHER <u>Nell Parry</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 16 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Stillborn child, 1910, that I last saw h _____ alive on _____, 1910, and that death occurred, on the date stated above, at 9:32 m. The CAUSE OF DEATH* was as follows:
Still born

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. Mattie M. D.
Kansas City, Mo. (Address) 504 Shaker Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Oak Grove</u>	DATE OF BURIAL <u>12-17</u> 19 <u>10</u>
UNDERTAKER <u>E. Stine & Son Undertaking Co.</u>	ADDRESS <u>408 E. 9th St.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John m Parry
(ADDRESS) 2719 Garfield Coz.
Filed DEC 17 1910 Elva Davis REGISTRAR

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