

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

17098

1 PLACE OF DEATH

County Jackson
Township Kaw
Village
or
City Kansas City (NO. 1125 Cherry St. Ward)

Registration District No. 889 File No.
Primary Registration District No. 1002 Registered No. 1111

2 FULL NAME Easter Emma Blacketer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)

16 DATE OF DEATH May 12 1919
(Month) (Day) (Year)

6 DATE OF BIRTH July 5 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 30 1919 to May 12 1919 that I last saw him alive on May 12 1919 and that death occurred, on the date stated above, at 4:30 P.M.

7 AGE 1 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry business, or establishment in which employed (or employer) -

Tobar Pneumonia
7 (Duration) yrs. 92 mos. 3 ds.

9 BIRTHPLACE (City or town, State or foreign country) Springfield Mo.

CONTRIBUTORY (Secondary) measles (Duration) yrs. mos. ds.

PARENTS 10 NAME OF FATHER L. N. Blacketer 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mayville Mo. 12 MAIDEN NAME OF MOTHER Julia Maxwell 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Sweet Home Mo.

(Signed) A. B. Whites D. O. M. D. May 13 1919 (Address) 129 Tross

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) En. Blacketer (Address) 1125 Cherry

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

15 Filed 5/13 1919 Ada Jones Registrar

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 1 yrs. 10 mos. ds. In the State 1 yrs. 10 mos. ds.

Where was disease contracted if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL 5-15 1919

20 UNDERTAKER Ross & Co ADDRESS 1111

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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