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

Do not use this space.
8177

1. PLACE OF DEATH
County: Jackson — Registration District No.: 599
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. KC Genl Hosp St. Ward)

File No.
Registered No. 1030

2. FULL NAME Solomon Infant

(a) Residence. No. General Hosp St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-5-1927

7. AGE: Years — Months — Days: 4 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): KC General Hospital
(STATE OR COUNTRY):

PARENTS
10. NAME OF FATHER: Oscar Solomon
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Joplin
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Evelyn Rheinburgh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Nebraska

14. INFORMANT: Oscar Solomon
(Address): 1619 Campbell

15. FILED 3/10, 1927 M. Milcrone
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-9 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-5, 1927, to 3-9, 1927, that I last saw him alive on 3-9, 1927, and that death occurred, on the date stated above, at 4:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity 1 hr D
1610 1 hr
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal Obstruction — Congenital malformation
(duration) 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George D Lee M.D.
3/9, 1927 (Address) Asst Supt KC Genl Hosp

*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: Leeds — DATE OF BURIAL: 3/11 1927

20. UNDERTAKER: O'Mast — ADDRESS: 1916 E 15

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.