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

Do not use this space.

8262

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Raw — Primary Registration District No. 1002 — Registered No. 1115
City Kansas City (No. K. C. General Hosp St. Ward)

2. FULL NAME Roark Infant
(a) Residence. No. W. 3 Genl 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 6837 yrs. E 12 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) Mch. 14, 1927

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or 45 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) General Hosp
(STATE OR COUNTRY) Kansas City Mo

PARENTS
10. NAME OF FATHER Ray Roark
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Aldon, Mo
12. MAIDEN NAME OF MOTHER Martha Koyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Record Clerk
(Address) K. C. Genl Hosp

15. FILED 3/16, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-14, 1927, to 3-14, 1927 that I last saw her alive on 3-14, 1927, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxia of the Newborn

1610 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 162 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo P Lee, M. D
3-15, 1927 (Address) Asst Supt K. C. Gen 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: Memorial Park — DATE OF BURIAL: 3-19 1927

20. UNDERTAKER: C. H. Blackman — ADDRESS: 1606 Indiana

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.

THIS IS A PERMANENT RECORD