

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

Do not use this space.

15190

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Manly City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Flourence Crittenton Home)

File No. \_\_\_\_\_  
Registered No. 2159 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emphat Gold  
(a) Residence. No. 7 Flourence Crittenton Home St. 4 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. / How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1927

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

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1927, to May 18, 1927, that I last saw h.e. alive on May 18, 1927, and that death occurred, on the date stated above, at 7:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1927

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Birth Injury - cerebral -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 7 hrs.

3/6/15 (duration) yrs. mos. da.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

Baby 160  
16

CONTRIBUTORY (SECONDARY) Melena neonatorum (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

10. NAME OF FATHER Marion Baker

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation

12. MAIDEN NAME OF MOTHER Lena Gold  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Leroy Minnesota

(Signed) Charles G. Reddy, M. D.

May 19, 1927 (Address) 711 Lathrop 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.

14. INFORMANT (Address) Flourence Crittenton Home 30th and Woodland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hill Cemetery May 19 1927

15. May 19 1927 M. M. Cronin REGISTRAR  
asst

20. UNDERTAKER ADDRESS Wm J. Sheehan K. E. No

Every item of information 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.

