

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

Do not use this space.

18347

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 2450

Township 110

Primary Registration District No. 1007

Registered No. 2450

City Kansas City, Mo.

St. Old City Hospital

Ward

2. FULL NAME

(a) Residence, No. 2109 Vine St., 4 Ward.

(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 Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 0 7

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

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

10. NAME OF FATHER Matthew Carter

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

12. MAIDEN NAME OF MOTHER Eula Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Theo. Hunt 2109 Vine St.

15. FILED 6/16, 1927 m.m. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/12/27

17. I HEREBY CERTIFY That I attended deceased from 6/10/27, 1927, to 6/12/27, 1927, that I last saw him alive on 6/12/27, 1927, and that death occurred, on the date stated above, at 6:12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Child-Birth (Dystocia)

CONTRIBUTORY (SECONDARY) Pop. Operation Shoes

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: ✓

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/12/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Examine (Signed) W. Booker M.D.

*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 Highland DATE OF BURIAL 6/16 1927

20. UNDERTAKER Mathias Bros ADDRESS 1729 Lydia

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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