JUL 27 1927

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

Do not use this space.

18550

File No. .....

Registered No. 74

1. PLACE OF DEATH

County Jackson — Registration District No. 400

Township Prairie — Primary Registration District No. 5553 B

City ~~Lees Summit~~ (No. ..... St. ..... Ward)

2. FULL NAME Webster Irvin Jr

(a) Residence. No. Compton Calif 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1926

7. AGE — YEARS: — MONTHS: 10 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant. 21
(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): Compton Calif

PARENTS

10. NAME OF FATHER: Webster Irvin

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

12. MAIDEN NAME OF MOTHER: Lucile Funk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Compton Calif.

14. INFORMANT: Roy Irvin
(Address) Lees Summit, Mo.

15. FILED 6/14, 1927 F. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14- 1927.

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 10 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Multiple Injuries - Auto
M Transmission
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) In Lees Summit Mo
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 188 C

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) [signature], M. D

6-14 1927 (Address) Deputy Coroner

*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: Compton Calif — DATE OF BURIAL: 6-20 1927

20. UNDERTAKER: N. L. Schick Son — ADDRESS: Lees S

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.