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

Do not use this space.

21339

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 2683

City Kansas City, Mo (No. Trinity Catherine Hos St. Ward)

2. FULL NAME Infant Van Bibber

(a) Residence. No. 4737 Wyoming St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or 5 min.
0	0	0	

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) (STATE OR COUNTRY): Kansas City Mo.

PARENTS

10. NAME OF FATHER: Noah Brison Van Bibber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lyon Co Kans.
12. MAIDEN NAME OF MOTHER: Mable Sample
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Colo

14. INFORMANT: Noah Van Bibber
(Address) 4737 Wyoming

15. FILED 7/5, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1927, to July 4, 1927, that I last saw him alive on July 4, 1927, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Eugene H. Ferguson M.D.
7/5, 1927 (Address) 1810 W 43rd St

*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: Forest Hill — DATE OF BURIAL: 7-6 1927

20. UNDERTAKER: R. Kendray & Sons — ADDRESS: City

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.