

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

Do not use this space.

21357

1. PLACE OF DEATH

County Jackson
Township Ran
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2702
(Ward) 1

2. FULL NAME

Bals Updant
(a) Residence No. 1707 Jefferson St. 3 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 1707 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-2-27</u>		
7. AGE	YEARS	MONTHS
<u>Birth</u>		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Child</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-2-1927

17. I HEREBY CERTIFY, That I attended deceased from 1:00 am 7-2-1927, to 5:35 am 7-2-1927 that I last saw h.w. alive on 7-2-1927, and that death occurred, on the date stated above, at 5:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

159
1610
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) George Bee M. D.

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

10. NAME OF FATHER Frank M Cole

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

12. MAIDEN NAME OF MOTHER Florence Leininger

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

14. INFORMANT Reese Blech
(Address) Kansas City

15. FILED 7/4 27 M. H. Crowe
19. _____
REGISTRAR

*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 Leeds DATE OF BURIAL 7-6-27

20. UNDERTAKER W. West ADDRESS 916 East 45

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.

