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

Do not use this space.

21361

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1309, Lydia ave St. Ward)

File No.
Registered No. 1 [illegible]

2. FULL NAME Infant Dallas
(a) Residence. No. 1309 Lydia Ave St., 2 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: Colored
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) July 6/27

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 11 hrs. or min.

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 Owen Dallas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO.
12. MAIDEN NAME OF MOTHER Anna Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Owen Dallas
(Address) 1309 Lydia Ave.

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

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1927, to July 6, 1927, that I last saw her alive on 7-6, 1927, and that death occurred, on the date stated above, at 7-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Autointoxication
161B Icterus
158
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 6913
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D
7/7, 1927 (Address) 1518 E 18th

*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: Blue Ridge Lawn — DATE OF BURIAL: 7/7 1927

20. UNDERTAKER: West, Appleton & Jones — ADDRESS: 1600 E. 19th

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.