

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

Do not use this space.

24597

1. PLACE OF DEATH

County Jackson
Township Clark
City Hopewell, Mo. (No. 1)

Registration District No. _____
Primary Registration District No. _____
St. _____

File No. _____
Registered No. 3400
Ward _____

2. FULL NAME

(a) Residence. No. _____
(Usual place of abode) _____ Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>ed</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-15-27</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>3</u>	

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
James Smith

10. NAME OF FATHER

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

Texas

12. MAIDEN NAME OF MOTHER

Mattie Duncan

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

Alabama

14.

INFORMANT Duncan, Mattie
(Address) 3400 Henry

15.

FILED 9-24-27 M M Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-18 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-15-27 to 8-18, 1927

(that I last saw him alive on 8-19-27, 1927, and that death occurred, on the date stated above, at 2 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

Jaundice (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical and path
ology (Howard M. Smith, D. M. D.)
(Signed) 8/19, 1927 (Address) Old City Hospital
Kansas City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Keeds Mo.

9-26 1927

20. UNDERTAKER

ADDRESS

G. B. Moore

1820 E 18th

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.

