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

Do not use this space.

27175

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City K. C. Mo (No. 1243 Freemont St. Ward)

2. FULL NAME Infant Clyde William Robert
(a) Residence. No. 1243 Freemont 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Inf
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Inf
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 3-1927
7. AGE: Years — Months — Days: 0 — If LESS than 1 day, 9 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inf
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): K. C.
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Charles Edward
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Florence C Rudd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Charles Robert
(Address): 1243 Freemont
15. FILED 9/6, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 3 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1927, to Sept 3, 1927 that I last saw him alive on Sept 3rd, 1927 and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
159
161A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Premature
9 hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 161A
IF NOT AT PLACE OF DEATH?
0
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. O. Brown M.D.
Sept 5, 1927 (Address) 1624 E. 15th St. Kansas City Mo

*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: Elmwood — DATE OF BURIAL: Sept 6 1927
20. UNDERTAKER: Rose & Co — ADDRESS: 15th Jackson

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.

Dr Brown