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

Do not use this space.

30259

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 3764
City Kansas City Mo (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Infant of Thomas W. Pease
(a) Residence. No. 6230 Swope Pk. Way (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. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-3-1927

7. AGE

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Thomas W. Pease
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lake Mills, Wis (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Adeline Bretzmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lake Mills (STATE OR COUNTRY) Wis.

14. INFORMANT Thomas W. Pease (Address) 6230 Swope Pky K.C. Mo

15. FILED 10/3 1927 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3-1927

17. I HEREBY CERTIFY, That I attended deceased from 10-2-27, 19, to 10-3-, 1927 that I last saw h. w alive on 10-3-27 3a, 19, and that death occurred, on the date stated above, at 7a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity (6-7 mos)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Rheumatic Fever in mother (duration) yrs. mos. 7 ds.

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?
10/3 (Signed) Geo F Prudlitz, M. D
1927 (Address) 605 Bryant Bldg

*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: Maple Hill — DATE OF BURIAL: Oct 4 1927

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo

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.

Deleted.