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

Do not use this space.

33410

File No. 78

Registered No.

1. PLACE OF DEATH

County: Jackson Co. Registration District No.: 399

Township: Kaw Primary Registration District No.: 1002

City: Kansas City (No. Emery Hosp. St. ..... Ward)

2. FULL NAME: Baby Cay

(a) Residence. No. 524 Bales St., 17 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: 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): Nov 2 - 1927.

7. AGE: Years | Months | Days: 0 | If LESS than 1 day, 2 hrs. or ..... min.

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): Jackson Co. Mo.

PARENTS

10. NAME OF FATHER: Elmer Cay.

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

12. MAIDEN NAME OF MOTHER: Vernie Cook

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

14. INFORMANT: Elmer Cay
(Address): 528 Bales

15. FILED 11/4, 19..... M. M. Crowe
Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Nov. 2, 1927, that I last saw him alive on Nov. 2, 1927, and that death occurred, on the date stated above, at 11.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
159 / 10 H U
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

11/3, 1927 (Signed) C. J. Eldridge, M. D.
(Address) 719 Lathrop 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: Highland Park

DATE OF BURIAL: Nov 4 1927

20. UNDERTAKER: Rose & Co

ADDRESS

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.

PERMANENT RECORD