

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

Do not use this space.

33444

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Gran Primary Registration District No. 1002
 City Kansas City (No. General Hospital) Registered No. 4214 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4627 E 17th St. 10 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 Female 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) 11-3-27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 5 min. 3

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) KC
 (STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Rowwood Parks

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

12. MAIDEN NAME OF MOTHER Beart Lewis

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

14. INFORMANT Rebecca L. Lusk
 (Address) Kansas City Gen Hosp.

15. FILED 11/6, 1927 M. M. Crude near REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-1927

17. I HEREBY CERTIFY, That I attended deceased from 11-3-1927, to 11-6-1927, and that that I last saw her alive on 11-6-1927, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Hemorrhage
 Due to Birth Injury
 From Instrumental Delivery
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161B
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Porter B. Kelleher, M.D.
11-6, 1927 (Address) Supt. K.C. Gen Hosp

*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 Burlington Kan DATE OF BURIAL 11-7 1927

20. UNDERTAKER DW Newcomer's Sons City 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.

DEATH RECORD

