

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

Do not use this space.

1359

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
 Township ..... Primary Registration District No. ....  
 City Kansas City, Mo (No. Research Hosp) ..... St. .... (Ward) .....

File No. ....  
 Registered No. 383 .....

**2. FULL NAME**

(a) Residence No. .... St. .... Ward. Lawrence, Kans  
 (Usual place of abode) .....

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**

**MEDICAL CERTIFICATE OF DEATH**

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) Jan 26, 1928

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

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Chef  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Research Hosp  
 (STATE OR COUNTRY) K.C. Mo.

10. NAME OF FATHER John Blocker

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

12. MAIDEN NAME OF MOTHER Josephine Kelley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) White Cloud  
 (STATE OR COUNTRY) Kans

14. INFORMANT John Blocker  
 (Address) Lawrence, Kans.

15. FILED 1-26-28 M.M. Croome  
 REGISTRAR Asst

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

17. I HEREBY CERTIFY That I attended deceased from 7:50 am  
Jan 26, 1928 to 12:45 am 1-27, 1928  
 that I last saw h.c. alive on Jan 27, 1928, and that death occurred, on the date stated above, at 12:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Remature 2 months -  
15 1/6 / 19

CONTRIBUTORY (SECONDARY) .....

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Fredrick B. Campbell, M. D

\*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.  
1/28, 1928 (Address) 1808 Federal Trust Bldg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL Jan 28 1928

20. UNDERTAKER A.H. Newcomer's Sons ADDRESS K.C. Mo.

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.

