

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

Do not use this space.

4884<sup>85</sup>  
539

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. K.C. General Hosp.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 539  
Registered No. 539  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Light Infant

(a) Residence. No. General Hosp. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) 2-4-1928

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 40 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Chief  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) W 3 Genl Hosp  
(STATE OR COUNTRY) Kansas City Mo.

10. NAME OF FATHER Clarence Light

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Edna Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Kansas

14. INFORMANT Record Clerk  
(Address) K.C. General Hosp

15. FILED 27 28 1928 M. M. Conner  
REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4 1928

17. I HEREBY CERTIFY That I attended deceased from 2-4 1928, to 2-4 1928, that I last saw him alive on 2-4 1928 and that death occurred, on the date stated above, at 1:47 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Prematurity  
153 161 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clin Findings  
(Signed) P. S. Williams, M.D.  
2-6 1928 (Address) 5 apt K.C. General 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 Leeds DATE OF BURIAL 2-8 1928

20. UNDERTAKER O. U. Mast ADDRESS City

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.

