WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

5165

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 827
City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Virgil Staggs Jr.
(a) Residence. No. 3841 Fisher St., Ward. K.C. Kans
(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) Feb. 20-1928
7. AGE: YEARS | MONTHS | DAYS 2 | If LESS than 1 day, 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) Kansas

PARENTS
10. NAME OF FATHER Virgil Staggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Bessie Chandler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boston
(STATE OR COUNTRY) Massachusetts

14. INFORMANT Virgil Staggs
(Address) 3841 Fisher K.C.K.

15. FILED 2/23, 1928 M M Conive Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22- 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1928, to Feb. 22, 1928 that I last saw him alive on 2-22 P., 1928, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage 160A 160C
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Instrumental delivery
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture
(Signed) N. C. Speer, M. D
2/23, 1928 (Address) 602 Packard - K.C.K.

*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 Cemetery
DATE OF BURIAL: Feb. 23- 1928
20. UNDERTAKER: Daniels Bros
ADDRESS: 644 Kansas City