

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

Do not use this space.

9267

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rain Primary Registration District No. 108
 City Kansas City (No. 1923 E. 19th St.)

File No. _____
 Registered No. 1007
 St. _____ Ward _____

2. FULL NAME

Infant Nelson
 (a) Residence No. 1923 E. 19th St. St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 da. 11 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 7, 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City Mo

10. NAME OF FATHER Barker Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Maymie Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Barker Nelson
 (Address) 1923 E. 19th St.

15. FILED 3/30 28 M.M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22-28
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyloric Stenosis
1870 (duration) yrs. mos. da. _____
CONTRIBUTORY (SECONDARY) 1/2 of C (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? accept
 (Signed) Deputy coroner, M. D.
 _____, 19____ (Address) Deputy coroner

*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 Blue Ridge DATE OF BURIAL Mar 31, 1928
20. UNDERTAKER Adkins Bros ADDRESS 2122 Vines

WRITE LEGIBLY, 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.

