

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jaw
City Kansas (No. Old City Hospital)

Registration District No. 399
Primary Registration District No. 1807

File No. 13426
Registered No. 1758
St. 1758 (Ward)

2. FULL NAME

(a) Residence. No. 1904 Oak St. St. 3 Ward. 3
(Usual place of abode) (If nonresident give city 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
1	<u>1</u>	<u>2</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lawrence, Kans.
(STATE OR COUNTRY)

10. NAME OF FATHER Arthur Nelson

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

12. MAIDEN NAME OF MOTHER Jennura Bennett

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

14. INFORMANT Arthur Nelson
(Address) 1904 Oak Street

15. FILED 4-18-28 M.M. Crowe
REGISTRAR aris

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 4-14-1928 to 4-16-1928, that I last saw him alive on 4-15-1928, and that death occurred, on the date stated above, at 9:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic cerebrospinal meningitis (duration) yrs. mos. da. 18

CONTRIBUTORY (SECONDARY) Typical Pneumonia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1904 Oak St.
IF NOT AT PLACE OF DEATH: none

DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lumbar puncture
(Signed) H.M. Smith, M.D.
4-18-1928 (Address) Old City Hosp. Kas. City, Mo.

*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 Highland Cem DATE OF BURIAL 4/18/1928

20. UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

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.

