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

Do not use this space.

17359

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Saw — Primary Registration District No. 1002
City Kansas City Mo (No. 2929 Main St. Willows (Ward))

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Arba Loken
(a) Residence. No. 2929 Main St., Willows 3 (If nonresident give city or town and State)
(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

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Lake

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1928

7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, 2 hrs. or — min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Viola Loken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) S. Dakota

14. INFORMANT A. Kinney R.N.
(Address) 2929 Main St

15. FILED 5/27 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from XXX May 26, 1928, to May 26, 1928 that I last saw him alive on May 26, 1928 and that death occurred, on the date stated above, at 8.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
161A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) albuminuria of mother
(duration) yrs. mos. ds.

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?

(Signed) Jno W. Kepner M.D., M.D.
5/27, 1928 (Address) 2929 Main St.

*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: May 30 1928

20. UNDERTAKER: Eylar Funeral Home 1800
ADDRESS: Linwood

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.