

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 209
 Township Grand Primary Registration District No. 202
 City Kansas City No. Kansas City Genl Hosp St. Mo. Ward

File No. 24020
 Registered No. 5147

2. FULL NAME

(a) Residence. No. Genl Hosp St. Mo. Ward. New York City
 (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) 7-20-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 | 2 | |

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) Genl Hosp.
 (STATE OR COUNTRY) Kansas City, Mo.

10. NAME OF FATHER Jack Burns

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

12. MAIDEN NAME OF MOTHER Barbara Renter

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

14. INFORMANT Rebecca Clark
 (Address) K.C. Genl Hosp

15. FILED 7/24/28 M.M. Crane 1034 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-22 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-20 1928 to 7-22 1928
 that I last saw him alive on 7-22 1928, and that death occurred, on the date stated above, at 10:40 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Prematurity
159 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 16/11 (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 O.E. Williams
 (Signed) 7-23 1928 (Address) Subst K.C. Genl 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 Leads DATE OF BURIAL 7-24 1928

20. UNDERTAKER O. J. Mast ADDRESS 1415 East 15

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.

