

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

Do not use this space.

30690

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Gen Primary Registration District No. 222
 City Kansas City (No. Kansas City Gen. Hosp. St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

McNeese Infant
 (a) Residence No. Gen. Hosp. St. Ward 3
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9-20-1928</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>5</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Gen. Hosp.
 (STATE OR COUNTRY) Kansas City Mo.

10. NAME OF FATHER

Louis McNeese

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER

Cleo Huntman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Douglas Co. Mo.

14.

INFORMANT Reverend Clerk
 (Address) K.C. General Hosp.

15.

FILED 9/27, 28 M. M. Brown
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-25 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-20 1928, to 9-25 1928
 that I last saw him alive on 9-25 1928 and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
6 1/2 lbs (duration) yrs. mos. ds.
 CONTRIBUTORY Status Lymphaticus
 (SECONDARY) (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) P. Williams, M. D.
9-26 1928 (Address) Supvt K.C. Gen. 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

DATE OF BURIAL

Edwood 9-27 1928

20. UNDERTAKER

ADDRESS

West K.C. Mo.

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.

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

