DEC 26 1928

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

Do not use this space.

36102

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1280

City St. Joseph, Mo. (No. Sisters Hospital St. Ward)

2. FULL NAME Infant Severson

(a) Residence. No. St., Ward. Leona, Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 12, 1928

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 1 hrs. or min.

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) St. Joseph, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Albert E. Severson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Everest (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Velma B. Fiechter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Robinson (STATE OR COUNTRY) Kansas

14. INFORMANT Albert E. Severson (Address) Leona, Kansas

15. FILED NOV 13 1928 19 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1928, to Nov 12th, 1928, that I last saw h. ~~m~~ alive on Nov 12th, 1928, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
159
1580/61 A
(duration) yrs. mos. 1 hr. ds.

CONTRIBUTORY (SECONDARY) Anacephalic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. L. [illegible], M. D
11-13, 1928 (Address) St. Joseph 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: Robinson, Kansas — DATE OF BURIAL: Nov 14, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

[illegible] INKS THIS IS A PERMANENT RECORD