

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

Do not use this space.

37020

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. Mercy Hospital) St. 12 Ward 12
 Registered No. 46570

2. FULL NAME Betty L. Christ
 (a) Residence, No. 6421 E. 14th St., 12 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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 F. 4. COLOR OR RACE W. 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) Nov. 4, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | | 15 | |

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) Kansas City, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Harold Christ

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

12. MAIDEN NAME OF MOTHER Clara Christ

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

14. INFORMANT (Mother) Clara Christ
 (Address) 6421 E. 14th

15. FILED 11/21, 1928 M. M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1928, to Nov 19, 1928, that I last saw h. e. r. alive on Nov. 19, 1928, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic meningitis

CONTRIBUTORY (SECONDARY) 24 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
 (Signed) Dr. H. C. Berger, M. D.
Nov 21, 1928 (Address) Fed Resv. Bank Bld

*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 Park Cemetery DATE OF BURIAL Nov 22 1928

20. UNDERTAKER D. H. Newberry, Sons ADDRESS K. C. Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

Dr. Harry Berger
Federal Reserve
Room 811