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

Do not use this space.

37149

File No. 4801

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kan

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. St Anthony Home St. Ward)

2. FULL NAME Mo. Infant McDonough

(a) Residence. No. St. Anthony's Home St., 11 Ward.

(Usual place of abode) 2300 College

(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 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) 11/2/28

7. AGE Years Months Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(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 Julian Pound

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Josephine McDonough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Melrose

(STATE OR COUNTRY) Iowa

14. INFORMANT Sister at St Anthony Home

(Address) 2300 College ave

15. FILED 11/28 1928 M. M. Crowl Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/2/28, 19.., to 11/26/28, 1928 that I last saw h..... alive on 11/26/28, 19.., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemolytic Jaundice

161B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 160

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Yes

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

16 (Signed) Joseph Mahler, M.D

27, 1928 (Address) 915 Cypple.

*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 St Marys Cem

DATE OF BURIAL Nov 28 1928

20. UNDERTAKER John W Wagner

ADDRESS 1409 Grand ave

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

Joseph E Walker