

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township West  
City Kansas City

**399**

Registration District No. 1002  
Primary Registration District No. 1002

Mersey Hospital

**40521**

File No. 4893  
Registered No. 4893  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 820 S Packard St St 218 K  
(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 m 4. COLOR OR RACE w 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) July 4 - 1928

7. AGE YEARS MONTHS DAY If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 7 29

**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  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Lyle Nicholas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Maggie Hignight

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

14. INFORMANT Lyle Nicholas  
(Address) 820 S Packard St 218 K

15. FILED 17, 1928 M. M. Crouse  
usr REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1928, to 12-3, 1928, that I last saw him alive on 12-3, 1928, and that death occurred, on the date stated above, at 10:25 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
107W malnutrition  
89A etc. etc.  
158  
1000 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Nonko pneumonia  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) H. Berger, M. D.  
13, 1928 (Address) Pratts Blk

\*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 Maple Hill Cemetery DATE OF BURIAL Dec 5 1928

20. UNDERTAKER Daniel Bros ADDRESS 644 Kansas Ave 218 K

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.

