

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

Do not use this space.

40531

1. PLACE OF DEATH

County Leechman
Township St. Louis
City Kansas City (No. 3027)

Registration District No. 399

Primary Registration District No. 7002

File No. 40001

Registered No. 40001

St. 3 Ward

2. FULL NAME

Infant Charles E. Labdell
(a) Residence No. 3027 Merced St., 3 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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) Mo

10. NAME OF FATHER Charles E. Labdell

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

12. MAIDEN NAME OF MOTHER Bessie Remick

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

14. INFORMANT Charles E. Labdell (Address) 3027 Merced

15. FILED 17 19. 28 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1928, to Dec 4 1928 that I last saw h. w. alive on Nov 15 1928, and that death occurred, on the date stated above, at 5 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

15901
meningitis 15712 7917
(duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) meningococci
(duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 1st 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Removal + 9. with
12 (Signed) J. S. Lane, M. D.

, 19 28 (Address) 824 North Oldy. K.C. 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 DATE OF BURIAL

Mt Moriah Dec 5 1928
20. UNDERTAKER ADDRESS Mo C. J. Fauster 918 Brooklyn

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

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.

5 256

2850 W.S. Blden

10.30 ovil. 'Ma 3154

H.H. Lane X

3527 Jefferson N.C. 3290

824 Hialto