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.

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

Do not use this space.

41171

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5[illegible]

Township Kan — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Kansas City Gen'l Hosp. St. Ward)

2. FULL NAME Beans Infant

(a) Residence. No. 1 25 28 Garfield St. 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: 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) 12-28-1928

7. AGE: Years 1 — Months 1 — Days 2 — If LESS than 1 day, 3/5 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) General Hospital
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Marion Beans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) KS
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Grace Irene Potter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill

14. INFORMANT Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 12/31, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30- 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-28-, 1928, to 12-30-, 1928 that I last saw h. [illegible] alive on 12-30-, 1928, and that death occurred, on the date stated above, at 12:03 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D
12-30, 1928 (Address) Supt K C Gen'l Hosp

*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 — DATE OF BURIAL: 12/31 1928

20. UNDERTAKER: O V Mast — ADDRESS: 1815 East 15