

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be a CAUSE OF DEATH in plain terms, so that it

NE should be stated EXACTLY. PHYSICIANS should state Cause of Death in plain terms, so that it

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

Do not use this space.

1442

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1002

Township Barber

Primary Registration District No. 1002

Registered No. 1002

City Kansas City

(No. St. Joseph's Hospital St. Independence Ward)

2. FULL NAME

(a) Residence. No. 1227 N. Hayward St.,

(Usual place of abode)

Ward. Independence

(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

Female

4. COLOR OR RACE

White

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)

Jan. 2 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or — min.

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)

Missouri

10. NAME OF FATHER

Louise L. Brewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Lincoln, Neb.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sara Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lincoln, Nebraska

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Sara Welby

Independence

15.

FILED

1/4 29 m. m. Corrine

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 2 - 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1-2-29, 1929, to 1-2-29, 1929

that I last saw deceased alive on 1-2-29, 1929, and that

death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chondro sarcoma

158 (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. H. Hamilton, M. D.

11, 1929 (Address) 608 1/2 N. 4th

*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

Mound Grove

1-3-29

20. UNDERTAKER

ADDRESS

C. H. Carson

Chondro dystropia