

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

Do not use this space.

1512

1. PLACE OF DEATH

County Jackson
Township Jackson
City M. C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 3407 East 6th)

File No. 101
Registered No. 101
St. Mo. Ward 9

2. FULL NAME

(a) Residence. No. 3407 East 6th St. 9 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-27-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 12 — —

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 Louis Jordan

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

12. MAIDEN NAME OF MOTHER Myrtle Richardson

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

14. INFORMANT Mrs Myrtle Jordan
(Address) 3407 East 6th St

15. Jan 1, 29 M. M. Brown
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan 9, 1929, that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 1002 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Laterus Neonatorum
1600 1610
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Congenital
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Jaundice

(Signed) Franklin W. B.

1/9, 1929 (Address) 926 Chambers Bldg.

*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

West Lawn Cem

1-11-1929

20. UNDERTAKER

ADDRESS

H. B. Moore

1820 E 18th St

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.

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

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