

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

Do not use this space.

1603

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City (No. 4304 East 56th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4304 E. 56th St. 16 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Can. 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) Jan 6 - 1929

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

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, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER David McMahon

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

12. MAIDEN NAME OF MOTHER Minnie Gladney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Valleaguah, Okla.
(STATE OR COUNTRY)

14. INFORMANT David McMahon
(Address) 4304 East 56th

15. FILED 1-14-29 M. M. Howe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1929

17. I HEREBY CERTIFY That I attended deceased from _____ to _____ 1929 that I last saw her alive on Jan 12 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature birth, 6 mo caused by fall on ice

CONTRIBUTORY (SECONDARY) Inanition

18. WHERE WAS DISEASE CONTRACTED 16th St
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Walter J. Bluth M. D.

1-14-29 (Address) 3103 Brooklyn

*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 Kan DATE OF BURIAL 1/15 1929

20. UNDERTAKER The Taylor Funeral Home Inc ADDRESS _____

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, WITH UNFADING INK—THIS IS A PERMANENT RECORD

