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

Do not use this space.

1613

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City Mo (No.) 2929 Main St. Ward
File No. K 204
Registered No.

2. FULL NAME Edson Ogden.
(a) Residence. No. 2929 Main St., Willows
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Sale

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	—	—	2	

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

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Bessie Ogden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Missouri

14. INFORMANT A.W. Kinsey R.N.
(Address) 2929 Main.

15. FILED 1-12-29 M. M. Crowe Asst REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Jan 11, 1929, that I last saw h.i.m. alive on Jan 11, 1929, and that death occurred, on the date stated above, at 6.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
160 B Atelectasis
161 A
161 B
CONTRIBUTORY (SECONDARY) Slow delivery (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) J.W. Kepner, M. D
1/11, 1929 (Address) 2929 Main St.

*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
Maple Hill	Jan 19. 1929.
20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood

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.

THIS IS A PERMANENT RECORD