

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.

1741

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 16Primary Registration District No. 1002City Kansas City, Mo.(Name) St. Anthony's HomeFile No. 333Registered No. 333St. Ward

2. FULL NAME

(a) Residence. No. St. Anthony's Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

3

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

(If nonresident give city or town and State)

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

Infant

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

Jan. 6 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, 3 hrs.or 3 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)

(STATE OR COUNTRY)

Kansas City, Missouri

10. NAME OF FATHER

Robert R. Roney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Aschmussen

12. MAIDEN NAME OF MOTHER

Alma Costes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City, Missouri

14.

INFORMANT

(Address)

Sister St. Anthony's Home2300 Calhoun Ave

15.

FILED

1-23-29Wm. B. Crowe

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 1-6-29, 1929, to 1-9, 1929.that I last saw him alive on 1-9, 1929, and that death occurred, on the date stated above, at 7:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(Birth Trauma)1600(duration) yrs. 3 mos. 3 da.

CONTRIBUTORY (SECONDARY)

1600 (duration) yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings(Signed) G. O. Beach M. D.1-9, 1929 (Address) St. Vincent's 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

DATE OF BURIAL

St. Mary's Cem Jan 13 - 1929

20. UNDERTAKER

ADDRESS

John H. Wagner 1409 Grand Ave

