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

Do not use this space.

1784

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 376

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City — (No. Sefferside Hospital — St. — Ward)

2. FULL NAME Jay B. Page

(a) Residence. No. 3070 N. 30 St., KCKs. 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: 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 19-1929

7. AGE: Years — ; Months — ; Days 5. ; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Wilson Richard Page.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ? Oklahoma

12. MAIDEN NAME OF MOTHER: Sadya Repp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Garnett Kan.

14. INFORMANT Mrs. O.H. Rupp (Address) 3070 N. 30 K.C. Kansas

15. Filed 1-25, 1929 M. McCrowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-19, 1929, to 1-24, 1929, that I last saw him alive on 1-24, 1929, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital ~~[illegible]~~ Anemia

1320

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1310

(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? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dr L. J. Graham, M.D.O.

1-25, 1929 (Address) 811 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: Memorial Park KCKs.

DATE OF BURIAL: 1-25 1929

20. UNDERTAKER: [illegible stamp]

ADDRESS: KCK

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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