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

Do not use this space.

1812

399

1002

File No. 404

Registered No. 7

1. PLACE OF DEATH
County Jackson
Township Kan
City K. C. Mo. (No. 905 Troost Avenue St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mary Marie Christian
(a) Residence. No. 905 Troost St., 2 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: Fe
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-6-1928

7. AGE: Years — | Months 3 | Days 21 | 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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) K. C. Mo.

PARENTS

10. NAME OF FATHER Jas Francis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Alice B. Koutcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Mary L. Wilson
(Address) 905 Troost ave.

15. FILED 1-27-29 M. M. Crane Asst
REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 15 Oct 1928 to Jan 26 1929 that I last saw her alive on 1-26- 1929, and that death occurred, on the date stated above, at 6.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capillary bronchitis
1076
4 days (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Premature birth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. C. Kiefaber, M. D
1/27, 1929 (Address) 804 E. 9th 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: Highland Park — DATE OF BURIAL: Jan 28 1929
20. UNDERTAKER: Mrs. E. L. Foster — ADDRESS: K. C. Mo.

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.

PERMANENT RECORD