

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

Do not use this space.

1858

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1812 East 38th)
 File No. 454
 Registered No. 451
 St. _____ Ward _____

2. FULL NAME Infant Mattucks
 (a) Residence, No. 1812 East 38th St. St. 13 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 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 Female 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) Dec, 10th 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 8

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) Missouri

10. NAME OF FATHER Sam Mattucks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milwaukee
 (STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Caroline Huber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nokomis
 (STATE OR COUNTRY) Illinois

14. INFORMANT Sam Mattucks
 (Address) 1812 East 38th St.

15. FILED 1-29-29 M.M. Emme
 19. _____ REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec 10 1928, to Jan 28 1929
 that I last saw h. in alive on Jan 27 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
107A
10A (duration) yrs. mos. 3 da.
 CONTRIBUTORY Prematurity
 (SECONDARY) (duration) yrs. mos. 47 da.

18. WHERE WAS DISEASE CONTRACTED? 1000
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exams
 (Signed) Joseph Mattucks M. D.
1/29, 1929 Address 915 Maple

*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 Calvary DATE OF BURIAL 1/29 19 29

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.

