

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

Do not use this space.

1866

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 2929)

Registration District No. 399
Primary Registration District No. 1922

File No. 459
Registered No. Willard
St. Willard

2. FULL NAME

Weber Rabe
(a) Residence. No. 2929 Main St. Willard
(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)

late

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

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

Jan 28 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 1 hrs. 20 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 Mo
9

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Mildred Rabe

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

Ohio

14.

INFORMANT
(Address)

Alice McKinney
2929 Main

15.

FILED

12929 M.M. Crowe
Doct
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 28 1929

17.

I HEREBY CERTIFY, That I attended deceased from

X X, 1929, to X X, 1929, that I last saw h.c.t. alive on Jan 28, 1929, and that death occurred, on the date stated above, at 4:11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature birth
1610
(duration) yrs. mos. ds.
7 mo gestation
(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) John W. Keary, M. D.

1-28-1929 (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 29. 1929

20. UNDERTAKER

ADDRESS

Eggar Funeral Home 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGB 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.

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