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

Do not use this space.

1930

File No. 537

Registered No. 1551

1. PLACE OF DEATH
County Jackson
Township East Div.
City Kansas City (No. 5827 Perry Ave. St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Burdell La Verne Day
(a) Residence. No. 5827 Perry St., 12 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Mildred Day

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Pitt Engine Works.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Clifton Day
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Mairilla Kingsbury
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs. Mildred Day
(Address) 5827 Perry (Apt.)

15. FILED 2/2, 1929 [illegible] Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Jan 31, 1929, that I last saw h[illegible] alive on Jan 31, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute peritonitis
117A
1179
129 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Duodenal ulcers (duration) 16 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? Yes.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. L. Dod, M. D
2/1, 1929 (Address) 4611 Troost Ave.

*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 Elmwood Cemetery
DATE OF BURIAL Feb. 4 1929
20. UNDERTAKER Freeman Mortuary
ADDRESS 704 W. 42nd St.

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.

WHILE PENALTY, WITH ONE EXCEPTION, FOR ENTERING INACCURATE IS A PERMANENT RECORD