WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 6663

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 828
Township Kaw — Primary Registration District No. 1002 — Registered No. 2
City Kansas City (No. General Hosp. St. Ward)

2. FULL NAME Claire E. Madison
(a) Residence. No. 1316 Holmes St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1, 1928
7. AGE: Years 1 — Months 1 — Days 18 — If LESS than 1 day, ... hrs. or ..... 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): Creston, Iowa
PARENTS
10. NAME OF FATHER: Alden Madison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Ruby Willie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
14. INFORMANT: Alden Madison (Address) 1316 Holmes
15. FILED 2-19, 1929 M M Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-19-1929
17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:30 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
10 TH
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.
2-19, 1929 (Address) Deputy Coroner

*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: Creston, Ia. — DATE OF BURIAL: 2-20-1929
20. UNDERTAKER: J. P. Laing — ADDRESS: City