

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

Do not use this space.

6834

**1. PLACE OF DEATH**

County Jackson  
Township Leaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1007  
(No. Kansas City Genl Hosp)

File No. \_\_\_\_\_  
Registered No. 1000 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Stacy Freddie

(a) Residence. No. 3019 Dunham St. 11 Ward.

(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)**

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan 4, 1924

**7. AGE**

YEARS 5

MONTHS 1

DAYS 24

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) Kansas City (STATE OR COUNTRY) Mo.**

**10. NAME OF FATHER Frank Stacy**

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

**12. MAIDEN NAME OF MOTHER Rosie Mub**

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

**14. INFORMANT Reverend Clerk (Address) K.C. General Hosp.**

**15. FILED 7/28 19 29 M. M. Corvine REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1929**

**17. I HEREBY CERTIFY, That I attended deceased from 2-27 1929, to 2-28 1929 that I last saw him alive on 2-28 1929, and that death occurred, on the date stated above, at 2:20 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epidemic Cerebro-Spinal Meningitis

18 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY) 24** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_**

**20. WAS THERE AN AUTOPSY? no**

**21. WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab Findings (Signed) P. Williams M. D.**

2-28 1929 (Address) Supt. K.C. Genl Hosp.

\*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 3/10/29**

**20. UNDERTAKER Mrs. C. L. Forster 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

