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

Do not use this space.

28029

File No. 3734

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City, Mo. 2929 Main St. Willows

2. FULL NAME: Vance Fairchild

(a) Residence. No. 2929 Main St., Willows
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ——— yrs. — mos. 2 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	babe.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28, 1929.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	—	—	2	

8. OCCUPATION OF DEACESED

(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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Vivian Fairchild

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

14. INFORMANT A. K. Smiley RN
(Address) 2929 Main St

15. FILED 9/3 1929 M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1929.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1929, to Aug 30, 1929 that I last saw h. alive on Aug 30, 1929, and that death occurred, on the date stated above, at 4.25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Difficult labor - large head - (10 lb. at birth)
Trauma injuring through pelvis - (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Slow delivery -
Convulsions (duration) yrs. mos. 12 hrs

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) J. W. Kepner, M. D
8/30, 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: Maple Hill — DATE OF BURIAL: 9-10 1929

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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