

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

Do not use this space.

1391

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 383  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Infant Page ELIZABETH IRENE PAGE

(a) Residence. No. 3022 Forest St. 4 Ward \_\_\_\_\_  
 (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 Female 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 21, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	0	2	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Infant  
 (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

10. NAME OF FATHER Ralph Page  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jalgaon Suraj  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Salina E. Crotty  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sedalia  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Ralph Page  
 (Address) 3022 Forest

15. FILED 1/27 1930 M. C. Casper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1930 to Jan 23 1930 that I last saw her alive on Jan 22 1930 at 3:45 P. M. and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Patent foramen ovale  
1572  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 15913  
 (duration) 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 autopsy

(Signed) H. A. Meyers, M. D.

1-25 1930 (Address) Medical Bldg

\*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 REMOVE DATE OF BURIAL

Elmwood Cem 1-25 1930

20. UNDERTAKER ADDRESS 8235

Shine + McElroy William Ploger

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.

10/10/10