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

Do not use this space.
4842
469

Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. Grace Hospital St. Ward)

2. FULL NAME Infant of Rosco W. Buck.
(a) Residence. No. 4331 Myrtle St., 14 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: Fe.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30 - 1930

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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.

PARENTS
10. NAME OF FATHER Rosco W. Buck.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Kathrin Smith.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Rosco W. Buck.
(Address) 4331 Myrtle Ave. K.C.Mo.

15. FILED 2/1 1930 M M Crowe REGISTRAR
asb

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Feb 1 1930, that I last saw him alive on Feb. 31, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
160B
6 Mo child 159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature detaching of ~~body~~ of the placenta
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Hospital Evangelical
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Jas W Graham, M. D.
2/1 1930 (Address) 305 Argyle 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 REMOVAL: Maple Hill Cem. Kcb
DATE OF BURIAL: Feb. 3 1930

20. UNDERTAKER: Mrs. C. L. Foster
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.

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

Dr. [illegible]
205 [illegible] Bldg.