

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

Do not use this space.

5297

1. PLACE OF DEATH

County Jackson
Township Staw
City H. C. (No. 300)

Registration District No. 399
Primary Registration District No. 1002
Gladstone

File No. _____
Registered No. 5297
St. _____ Ward _____

2. FULL NAME

Faith Millicent Van Verdo

(a) Residence. No. 1603 E 8 St., 9 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23-30

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23-30

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.

Unchanged Thymus

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 _____

CONTRIBUTORY (SECONDARY) _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER F. M. Van Verdo

D DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY yes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Detroit (STATE OR COUNTRY) Mich.

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Henry H. Hall M. D.

12. MAIDEN NAME OF MOTHER Mary Plotnik

1/23, 19 30 (Address) Apply owner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polono (STATE OR COUNTRY) Miss.

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT F. M. Van Verdo (Address) 1603 E. 8

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri DATE OF BURIAL Mar 15 1930

15. FILED 2/4 30 M. M. Crowe REGISTRAR

20. UNDERTAKER C. H. Blackburn ADDRESS 2825 1/2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

