

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

Do not use this space.

12831

1. PLACE OF DEATH

County Jackson
Township St. Mary
City St. Anthony Home

Registration District No. 399

Primary Registration District No. 1000

File No. 1130

Registered No. 1130

St. St. Anthony Home Ward)

2. FULL NAME

(a) Residence. No. 2300 College St. 11 Ward. 11
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 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)

Infant

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

none

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

Mar 30 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or 15 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)

(STATE OR COUNTRY)

Kansas City Mo

10. NAME OF FATHER

Clyde W. Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Port Huron Michigan

12. MAIDEN NAME OF MOTHER

Hanna Brupha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Milwaukee Wisconsin

14.

INFORMANT

(Address)

Sister at St Anthony Home
2300 College Ave

15.

FILED

4/22/30 M. M. Browe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4-17 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar 30 1930 to Apr 17 1930 that I last saw him alive on Apr 16 1930, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Infantile

157 D

158

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Pyloric stenosis

(duration) yrs. mos. ds.

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)

Clinical symptoms
Daniel F. Hoggan, M. D.

Apr 7, 1930 (Address) 211 1/2 1st St Kansas City Mo

*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

DATE OF BURIAL

St Marys Cemetery April 23 1930

20. UNDERTAKER

ADDRESS

John W Wagner 1409 Grand Ave

