

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

Do not use this space.

19418

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 3406)

Registration District No. 399
Primary Registration District No. 1002
Larner

File No. _____
Registered No. 2412
St. _____ Ward _____

2. FULL NAME

Maurice Melbaemon
(a) Residence No. 3406 Esannan St. 9 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7, 1930</u>		
7. AGE YEARS <u>8 3/4</u>	MONTHS <u>about</u>	DAYS <u>about</u>
IF LESS than 1 day, <u>8</u> hrs. <u>35</u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>child</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>mo.</u>		
PARENTS	10. NAME OF FATHER <u>Daniel Neyle Melbaemon</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Pittsburg</u> (STATE OR COUNTRY) <u>Penna</u>	
	12. MAIDEN NAME OF MOTHER <u>Wallace Melbaemon</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ridgeway</u> (STATE OR COUNTRY) <u>mo.</u>	
14. INFORMANT <u>Annie B. Stedjes, D.O.</u> (Address) <u>3627 Warfield - K.C. Mo.</u>		
15. FILED <u>69</u> , 19 <u>30</u> <u>M.M. Crowe</u> <u>Asst</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7 at 1:25 A.M., 1930, to June 7-10 A.M., 1930 that I last saw him alive on June 7 at 1:25 A.M., 1930, and that death occurred, on the date stated above, at 2:10:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS 6 mos. pregnancy
(Signed) Annie B. Stedjes M. D. O.
June 7, 1930 (Address) 3627 Warfield

*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 Preserved as laboratory specimen at Kansas City College DATE OF BURIAL _____
20. UNDERTAKER of O. Steopathy & Surgery at ADDRESS _____
2105 Independence Ave. 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.

