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

Do not use this space.

23047

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. MO (No. General Hospital #2 St. Ward)
Registration District No. 399
Primary Registration District No. 1
File No. 3041
Registered No.

2. FULL NAME Elma Toney
(a) Residence. No. 1936 Vine 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: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant

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

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

7. AGE: Years — Months 8 Days — If LESS than 1 day, ...hrs. or ....min.

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
(Address) General Hosp. #2

15. FILED 7/23 1930 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 7-5, 1930, to 7-7, 1930 that I last saw him alive on 7-7, 1930, and that death occurred, on the date stated above, at 1 10/A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107A (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D.
7/23 1930 (Address) Gen. Hosp #2

*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: Lucas Cemetery
DATE OF BURIAL: 7/24 1930

20. UNDERTAKER: West, Appleton & Jones
ADDRESS: 1600 E. 19

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.