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

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.

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

Do not use this space.

30045

File No. 3851

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2929 Main St. Willow ~~Ward~~)

2. FULL NAME Gwendolyn Roberts

(a) Residence. No. 2929 Main St., Willow ~~Ward~~ 3
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	Take

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ——hrs. or ——min.
	—	1	12	

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) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Rada Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Indiana

14. INFORMANT A U Kimsey R.N.
(Address) 2929 Main St

15. FILED 9-20, 1930 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1930 to Sept 16, 1930 that I last saw her alive on Sept 16, 1930, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16/A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H L Wurzer, M. D.

9/16, 1930 (Address) 214 Mill Arts 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	DATE OF BURIAL
Maple Hill	9-20 1930

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood