

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

Do not use this space.

30060

File No. 3006
Registered No. 3006
St. _____ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Starr Primary Registration District No. 100
City Kansas City No. 3843 Walnut

2. FULL NAME

Infant Boy
(a) Residence No. 3843 Walnut St. 3 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. Life time mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(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) Mo.

10. NAME OF FATHER Frank Thomas

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

12. MAIDEN NAME OF MOTHER Judy Boy

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

14. INFORMANT Frank Thomas
(Address) 3843 Walnut

15. FILED 9/22, 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Thursday Sept. 15, 1930, to Thursday Sept 19, 1930, that I last saw him alive on Thursday, 8:30 P.M., 1930, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

congenital hemiparesis
158

CONTRIBUTORY Weakness
(SECONDARY) (duration) yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED 160
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Condition of child.
(Signed) [Signature] M. D.
9/21, 1930 (Address) 421 E. 11th St.

*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 Fountain Hill DATE OF BURIAL Sept 22 1930

20. UNDERTAKER D. H. Newcomer's ADDRESS bus K6

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.

421 E. 11th St. The Williams Bldg.
3rd floor Has. 8006
12:30.

