

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

Do not use this space.

33187

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Frank Primary Registration District No. 300
 City Kansas City (No. 3915 Terrace) St. _____ Ward _____

File No. 4420
 Registered No. 4420

2. FULL NAME

Earl Wade Stoyes
 (a) Residence, No. 3915 Terrace, St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Oct. 30-1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 15 hrs. or - min.
	0	0	0	= - min.

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.

PARENTS

10. NAME OF FATHER George Stoyes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. C.
 (STATE OR COUNTRY) Kans.

12. MAIDEN NAME OF MOTHER Hazel Leftwich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K. C.
 (STATE OR COUNTRY) mo.

14. INFORMANT George Stoyes
 (Address) 3915 Terrace

15. FILED 10/31, 1930 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-30-30, 1930, to 10-30, 1930 that I last saw him alive on 10-30, 1930, and that death occurred, on the date stated above, at 2:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

15 9 (duration) yrs. mos. 15 hrs
 CONTRIBUTORY (SECONDARY) 16/12 (duration) yrs. mos. da.

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
10/31 (Signed) J. Ball, M. D.
31, 1930 (Address) 110 EAST 47th ST. - K. C. 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 Maple Hill DATE OF BURIAL Nov 1 1930

20. UNDERTAKER Gates Funeral Home ADDRESS KC 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.

