

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

Do not use this space.

1448

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. St Anthony Home)

Registration District No. 107A  
Primary Registration District No. 32

File No. 280  
Registered No. 280  
St.          Ward         

**2. FULL NAME**

Robert David

(a) Residence, No. St. Anthony's Home St.,          Ward. (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 white 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) 10-27-30

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>2</u>	<u>19</u>	<u>19</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Chief  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) K. C. Mo!  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Lois Davis

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

14. INFORMANT Sister M. Joseph  
(Address) St. Anthony's 123 College

15. FILED Jan 20, 1931 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/16/31 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/11/31 1931 to 1/16/31 1931, and that I last saw him alive on 1/16/31 1931, and that death occurred, on the date stated above, at 10:5 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Joseph M. White M. D.

1-16, 1931 (Address) 915 Angell

\*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 St Mary Cemetery DATE OF BURIAL Jan 18, 1931

20. UNDERTAKER John W Wagner ADDRESS 204 West Lincoln Blvd

WHITE PLAIN, 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.

