

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

Do not use this space.

21343

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. General Hospital St. 2 Ward)

Registration District No. 888
Primary Registration District No. 1007

File No. 2428
Registered No. 2428

2. FULL NAME

Mary Augusta
(a) Residence. No. 1607 Park St. 11 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 colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 7
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) Mo
10. NAME OF FATHER Clair Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
12. MAIDEN NAME OF MOTHER Fanny Ashby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.

14. INFORMANT clerk at Hospital (Address) General Hospital
15. June 3 1931 M.M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931
17. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 1, 1931, that I last saw him alive on June 1, 1931, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
157 (duration) yrs. mos. ds.
158
CONTRIBUTORY Maternity (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 159
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) D. M. Miller, M. D.
June 1, 1931 (Address) Gen Hospital no 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 Blue Ridge DATE OF BURIAL 6/3 1931
20. UNDERTAKER NB Moore ADDRESS 1820 E 18

WRITE 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.

