

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City, Mo. (No. St. Vincent's Hoops)

Registration District No. 399  
Primary Registration District No. 1092

File No. 4921  
Registered No. 784  
Ward

**2. FULL NAME**

(a) Residence, No. Infant McKay  
(Usual place of abode) Independence, Mo. X Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

(3) SEX Male (4) COLOR OR RACE White (5) SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
*(Write the word)*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
				<u>6 hrs.</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Robert</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

13. NAME Leonard M. Kay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Jack Missouri

15. MAIDEN NAME Hona Chapman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller, Okla

17. INFORMANT (ADDRESS) Vincent Hoops, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo. DATE Feb. 25, 1932

19. UNDERTAKER (ADDRESS) City + Mitchell, Independence

20. FILED 725 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1932 to 2-24, 1932

I last saw h. m. alive on Feb. 23, 1932 Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth

Other contributory causes of importance: 159B

NONE.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) Frank B. Wallace, M. D.

(Address) 703. Hathrop Bldg.

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.

