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.

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

Do not use this space.

16076

File No. 1867

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City K.C. Mo. (No. 1302 Brooklyn St. Ward)

Registration District No. 899
Primary Registration District No. 1002

2. FULL NAME Rayphael Lanear
(a) Residence, No. 1302 Brooklyn St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 negro
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) 10/4/31

7. AGE YEARS MONTHS 7 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Frank Lanear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kans.

MOTHER
15. MAIDEN NAME Vernetta Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Kans

17. INFORMANT (ADDRESS) Frank Lanear 2446 Flora

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 5-7-32, 19

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet K.C. Mo.

20. FILED 5/7, 19 32 M. M. Crane asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Birth

159

Other contributory causes of importance: 159 (5)

(7)

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? ....

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? ....
If so, specify ....
(Signed) [signature], M. D.
(Address) Deputy Coro

1519-4

Ray phn