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

Do not use this space.

21433

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 21811

City: Kansas City (No. K. C. Genl Hosp. St. Ward)

2. FULL NAME Stevenson Frank

(a) Residence. No. 1436 Colorado St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. 12 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ford Motor Co
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER J. J. Stevenson

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

12. MAIDEN NAME OF MOTHER Mary Kirby

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

14. INFORMANT Record Clerk
(Address) K. C. Genl Hosp.

15. FILED July 12, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1927

17. I HEREBY CERTIFY, That I attended deceased from 6-15, 1927, to 7-12, 1927, that I last saw him alive on 7-12, 1927, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis acute with Generalized Peritonitis
12 hrs (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-27-27

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Oper. + Autopsy

(Signed) George C. Lee, M. D.

7-12, 1927 (Address) General Hosp 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	DATE OF BURIAL
Elmwood	7-13 1927
20. UNDERTAKER	**ADDRESS**
O V. Mast	1915 E 15

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.