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

Do not use this space.

30406

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. D 3913

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

City Kansas City (No. K C General Hosp. St. ..... Ward)

2. FULL NAME Dover Infant

(a) Residence. No. W 3 Genl Hosp. St., 1 Ward.
(Usual place of abode) 626 Park (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-15-27

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

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

9. BIRTHPLACE (CITY OR TOWN) Genl Hosp
(STATE OR COUNTRY) Kansas City Mo

PARENTS

10. NAME OF FATHER Lafayette Dover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platte Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lettie Gregory
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trenton Mo
(STATE OR COUNTRY)

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

15. FILED 10/17, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-15, 1927 to 10-15, 1927 that I last saw her alive on 10-15, 1927 and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George O. Lee, M. D
10-15, 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: Leeds. — DATE OF BURIAL: 10-18 1927

20. UNDERTAKER: O. V. Mart — ADDRESS: City

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.

...UNFADING INK—THIS IS A PERMANENT RECORD