

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

Do not use this space.

33602

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township 1st Primary Registration District No. 1002  
 City Kansas City (No. K.C. General Hosp) St. 1373 Ward

**2. FULL NAME**

Ronald James  
 (a) Residence No. 3522 Patients St. 17 Ward. (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. 6 mos. 17 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) Single

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Jan 21, 1923

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>4</u>	<u>9</u>	<u>25</u>	

**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)

(STATE OR COUNTRY) mo.

PARENTS

**10. NAME OF FATHER**

Jhos. Perry

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

**12. MAIDEN NAME OF MOTHER**

Loretta Francis

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN)

(STATE OR COUNTRY) mo

**14.**

**INFORMANT** Record Clerk  
 (Address) K.C. General Hosp

**15.**

**FILED** 11/18, 1927 M. M. Craue  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 11-16 1927

**17. I HEREBY CERTIFY**, That I attended deceased from 11-8, 1927 to 11-16, 1927 that I last saw him alive on 11-15, 1927, and that death occurred, on the date stated above, at 2:45 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Otitis media acute with mastoiditis 82 B  
99 A  
79 A (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** Sinus thrombosis and Purulent meningitis yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, ...

**DID AN OPERATION PRECEDE DEATH?** Yes DATE OF ...

**WAS THERE AN AUTOPSY?** Yes

**WHAT LAST CONFIRMED DIAGNOSIS?** Otitis & mastoiditis  
 (Signed) George Lee M. D.

11/17, 1927 (Address) General Hosp St. P. 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**

Mt. Washington Nov. 18, 1927

**20. UNDERTAKER**

**ADDRESS**

A. H. Newcomer Sons 7 C. Mo.

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.

