

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Co. Registration District No. File No. 17238
 Township Research Hosp Primary Registration District No. Registered No. 2210
 City Kansas City, Mo (No. Research Hospital St. Ward)

2. FULL NAME

Infant named Infant Grant
 (a) Residence. No. 918 W. 39th St. 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. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1928
7. AGE YEARS MONTHS DAYS 3 hrs. 5 min.
 IF LESS than 1 day, or

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

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

10. NAME OF FATHER Oris J. Grant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Theresa, Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marion Smith

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

14. INFORMANT One J. Grant
 (Address) 918 W. 39th St.

15. FILED 5/19, 28 M.M. Crowe
 REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18, 1928
17. I HEREBY CERTIFY That I attended deceased from admission
May 18, 1928, to May 18, 1928
 that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 5:15 P m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Preterm Birth, 6th mo,
159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1610
 (duration) yrs. mos. ds.

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

7 DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS? Secret M. D.
 (Signed) 5/18, 1928 (Address) 15. E. W.

*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 Cremation in Lab. **DATE OF BURIAL** 19
Research Hosp

20. UNDERTAKER ADDRESS

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.

