

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

Do not use this space.

27219

3394

1. PLACE OF DEATH

County Jackson Registration District No. 328 File No. 27219
 Township Kaw Primary Registration District No. 328 Registered No. 3394
 City Kansas City (No. 1) St. Vincent's Hospital St. Ward

2. FULL NAME

Infant Parsons
 (a) Residence. No. 3504 Olive St. 13 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 2 - 1928</u>		
7. AGE YEARS	MONTHS	DAY
		IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

10. NAME OF FATHER Forest Parsons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mabel Holney

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

14. INFORMANT Forest Parsons
 (Address) 3504 Olive St.

15. FILED 8/3 1928 M.M. Brown REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 - 1928
 17. I HEREBY CERTIFY, That I attended deceased from Aug 2 - 1928, to Aug 2 - 1928 that I last saw him alive on Aug 2 - 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

159 / 61 a
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 0 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Emil Theilmann, M. D.
Aug 2, 1928 (Address) 329 Altman Bldg
 *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 Highland Park DATE OF BURIAL 8/4
 20. UNDERTAKER Ed Mast ADDRESS 1410 East 15th

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.

THIS IS A PERMANENT RECORD

