

Merry Hoop

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

Do not use this space.

4914

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kan Primary Registration District No. Merry Hospital Registered No. 504
City Kansas City (No. 10) (Name of Hospital) Merry Hospital St. Overland Park Ward)

2. FULL NAME William Stephenson

(a) Residence No. hony's Tourist Camp St. Ward. Overland Park - 10
(Usual place of abode) (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) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 1 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) California

10. NAME OF FATHER George Stephenson

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

12. MAIDEN NAME OF MOTHER Madeline

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

14. INFORMANT Geo Stephenson
(Address) Overland Park Kan

15. FILED 7/6 1930 M. M. Grove REGISTRAR
Ans

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-2, 1930, to 2-3, 1930 that I last saw him alive on 2-3, 1930, and that death occurred, on the date stated above, at 11:25 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized miliary Tuberculosis,
to Secondary Meningitis
234
324 (duration) yrs. mos. 7 ds.
1929 CONTRIBUTORY Pulmonary Tuberculosis +
(SECONDARY) osteomyelitis (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, lab, history
(Signed) S. Pakula MD M. D.
74 .1930 (Address) Merry Hoop -

*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 7/6 1930

20. UNDERTAKER W. M. Mack ADDRESS 1915 Park St

