

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

Do not use this space.

5033

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. Kansas City Gen. Hosp)

Registration District No. 320
Primary Registration District No. 115123

File No. _____
Registered No. 540 St. _____ Ward)

2. FULL NAME

Dozier Infant - Mary -

(a) Residence. No. General Hosp St. _____ Ward. _____
(Usual place of abode) 4417 Parkfield
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 F. 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) 2-11-30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>15</u> hrs. or <u>15</u> min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work newborn
(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) Missouri

10. NAME OF FATHER Jesse C. Dozier

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

12. MAIDEN NAME OF MOTHER Loretta Maag

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

14. INFORMANT Reverend Clerk
(Address) Kansas City Gen. Hosp

15. FILED 7/14/30 M.M. Erwin REGISTRAR
Ann

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-11 1930 to 2-12 1930, that I last saw him alive on 2-12 1930 and that death occurred, on the date stated above, at 10:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity (Twin)

16/12 (duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 16/12 (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) P. E. Williams M. D.
2-12, 1930 (Address) Supl K.C. Gen. Hosp

*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 pk. DATE OF BURIAL Feb 14 1930

20. UNDERTAKER Boal & Pedersen ADDRESS City

PARENTS

