

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

PLACE OF DEATH

County Jackson

Township _____

or Village _____

or City Kansas City, Mo

City 69 Walden St. 13 Ward

Registration District No. 399

File No. 27500

Primary Registration District No. 1002

Registered No. 2125

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Infant Behe

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Sept 25, 1910
(Month) (Day) (Year)

AGE Stillborn IF LESS than 1 day, ____ hrs. or ____ min.?
____ yrs. ____ mos. ____ ds.

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE (City or town, State or foreign country) Mo

PARENTS
NAME OF FATHER Joseph Behe
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
MAIDEN NAME OF MOTHER Sara
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mich

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Behe
(ADDRESS) 69 Walden

Filed SEP 26 10 11 AM 1910 E. W. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Stillborn Sept 25, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:
Cannot ascertain. Had been dead for some time when born. NO CASE

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Cannot ascertain
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. M. Clemmons M. D.
Sept 25, 1910 (Address) 5200 Maple St. Kansas

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death Stillborn In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former, or usual residence 69 Walden

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Sept 26, 1910

UNDERTAKER R. N. Lindsey ADDRESS 4240 1/2 Blvd

whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *lithemia*, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Heart failure," "Exhaustion," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always state cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

