

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

Do not use this space.

M. A. Hanna 18246

1. PLACE OF DEATH
 County *Jackson* Registration District No. *599*
 Township *Raw* Primary Registration District No. *1002*
 City *Kansas City* (No. *St. Joseph Hosp.*) St. _____ Ward _____

2. FULL NAME *Baby Remer*
 (a) Residence, No. *4124 Chestnut* St. *1* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. *2348*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fr.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Infant*
 (Specify the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 5 - 1927*
 7. AGE YEARS MONTHS DAYS *1* If LESS than 1 day, _____ hrs. or _____ min.

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) *St. Joseph Hospital Kansas City Mo.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Louis Remer*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *N.Y.*
 (STATE OR COUNTRY) *N.Y.*
 12. MAIDEN NAME OF MOTHER *Badye Sutin*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Kansas City*
 (STATE OR COUNTRY) *Mo*

14. INFORMANT *Louis Remer*
 (Address) *4124 Chestnut*

15. *June 8 27* *M. M. Corone*
 FILED *Asst.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June - 6 - 1927*
 17. I HEREBY CERTIFY That I attended deceased from *June 5 - 6*, 19 *27*, to _____, 19 _____, that I last saw him/her alive on *June 6 - 1927* and that death occurred, on the date stated above at *June 6 - 5 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity - 6 1/2 mo.
59610
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY *Undercover*
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

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) *M. A. Hanna* M. D.
6-8-1927 (Address) *700 Rialto*

*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 *Sheffield* DATE OF BURIAL *June 8 - 1927*
 20. URBERTAKER *J. F. Louis* ADDRESS *City*

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.

RECORD

