WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13262

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kans — Primary Registration District No. 1002 — Registered No. 1593

City Kansas City, Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Baby Hanks

(a) Residence. No. 8718 Mo. Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 00 yrs. 0 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

Apr 5 1928

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7th, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	0	2	

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) None
(c) Name of employer None

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

PARENTS

10. NAME OF FATHER Fred H. Hanks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bertha Kaiser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sherdan Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Fred H Hanks
(Address) 8718 Mo Ave

15. FILED 4/8, 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1928

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1928, to April 6, 1928 that I last saw him alive on April 5, 1928, and that death occurred, on the date stated above, at 4.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth (6 months)

159 / 61 A

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A M Boyd, M. D
4/7, 1928 (Address) Independence Mo

*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 Mound Grove Mt. Washington, Mo. — DATE OF BURIAL Apr 9th, 1928

20. UNDERTAKER C. D. Carson & Son — ADDRESS Independence Mo