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

Do not use this space.

37060

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. Kansas City General Hosp. St. ..... Ward)

File No.: 4810

Registered No.: 4810

2. FULL NAME: Haney Infant

(a) Residence. No. 1327 Tracy St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 22 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-31-28

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): General Hosp.
(STATE OR COUNTRY): Kansas City, Mo.

PARENTS

10. NAME OF FATHER: W. W. Haney

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

12. MAIDEN NAME OF MOTHER: Opal Myers

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

14. INFORMANT: Record Clerk
(Address): Kansas City General Hosp.

15. FILED 11/23, 1928 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-31, 1928, to 11-22, 1928, that I last saw him alive on 11-22, 1928, and that death occurred, on the date stated above, at 2:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital syphilis

34 38 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. & Lab. Find.

(Signed) F. E. Willeuccus, M. D.

11-22, 1928 (Address) Supt. 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	DATE OF BURIAL
Highland Park Ks	11-24 1928
20. UNDERTAKER	**ADDRESS**
Mrs C. L. Forster	KC

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.

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