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

Do not use this space.

1484

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002
Township Kaw — Primary Registration District No.
City Kansas City Missouri (No.) 3rd St. Vincent Hos. St. (Ward)

File No.
Registered No. 72

2. FULL NAME Infant Henery

(a) Residence. No. Gosp. Kans St., 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): Jan. 6 - 1929

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 14 hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: Herman E. Henery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gosp Kansas
12. MAIDEN NAME OF MOTHER: Mary Duling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Walnut Kansas

14. INFORMANT: Herman E. Henery
(Address) Walnut Kans

15. FILED 1/7, 1929 M. M. Lemon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 7, 1929, that I last saw h.e.r. alive on Jan 7, 1929, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
161A
158
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): New born
(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) Geo F Gunderson, M. D
1/7, 1929 (Address) 605 Bryant Bldg

*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: Erie Kans — DATE OF BURIAL: Jan 8 1929
20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

WHITE PAPER, 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.