

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.

1599

1. PLACE OF DEATH

County Dickson
Township Osaw
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 190
St. _____ Ward) _____

2. FULL NAME

Martin Infant

(a) Residence. No. Gene Hop St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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 9, 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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)

St. Louis, MO

(STATE OR COUNTRY)

10. NAME OF FATHER

Claude Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

Nevela Todd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Okla

14.

INFORMANT
(Address)

Reverend Clerk
Kansas City Genl Hosp

15.

FILED

1-14-29 M. M. Gave
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 12 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Jan 12, 1929, that I last saw him alive on Jan 12, 1929, and that death occurred, on the date stated above, at 8:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Heart Lesion

CONTRIBUTORY (SECONDARY)

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)

P. E. Williams, M. D.

1-12, 1929 (Address) Supt K.C. Genl 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

Leeds

13 1929

20. UNDERTAKER

ADDRESS

O. W. Mast

1142 15

