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

Do not use this space.

37346

1. PLACE OF DEATH
County: Jackson
Township: K.C.
City: (No. 1840 Holly St. Ward)
Registration District No. 399
Primary Registration District No. 1021
File No.
Registered No. 4816

2. FULL NAME: Mildred Louise Childers

(a) Residence. No. 1840 Holly St., 3 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 11. 1929

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
—	10	12	

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): Kansas City
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Oscar E. Childers
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary M. Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Oscar E. Childers
(Address): 1840 Holly

15. FILED: 11/24, 1929 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1929, to Nov. 23, 1929, that I last saw h. alive on Nov. 23, 1929, and that death occurred, on the date stated above, at 11:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
bronchopneumonia
10
(duration) — yrs. — mos. 2 ds.
CONTRIBUTORY (SECONDARY): diphtheritic laryngitis
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 23, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical and operative
(Signed) Albert S. Welch, M. D.
11/24, 1929 (Address) 835 Riaeto 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: Highland Park Cemetery
DATE OF BURIAL: Nov 25 1929

20. UNDERTAKER: John A. Musser
ADDRESS: 1415 Z15

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.

THIS IS A PERMANENT RECORD

Dr A. D. Welch
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