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

Do not use this space.

19401

File No. 2394

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Grand — Primary Registration District No.: 1002

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

2. FULL NAME Bartlett Infant

(a) Residence. No. (2428 Myrtle St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	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) June 5, 1930

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

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) Kansas City
(STATE OR COUNTY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTY) Unknown

12. MAIDEN NAME OF MOTHER Margaret Bartlett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTY) Illinois

14. INFORMANT Record Clerk
(Address) K C General Hosp

15. FILED 6/8, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-5, 1930 to 6-6, 1930 that I last saw him alive on 6-6, 1930 and that death occurred, on the date stated above, at 10:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intracranial Hemorrhage (due to birth injury)

16 hrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (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? Clinical Findings

(Signed) J. E. Williams, M. D.

6-6, 1930 (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: Brookline Cemetery — DATE OF BURIAL: 6-8-30

20. UNDERTAKER: O. V. Mast — ADDRESS: 1915 E 15

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.