WRITE PLAINLY, 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.

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

Do not use this space.

#2 32921

1. PLACE OF DEATH

County Jackson — Registration District No. 39 — File No.

Township Kan — Primary Registration District No. 100 — Registered No. 3340

City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Puckett Infant

(a) Residence. No. 6008 Kenwood St., 8 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)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 5½ 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) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William C. Puckett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Sarah Trocossa
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 10/12, 1930 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-12- 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1930, to 10-12-, 1930 that I last saw her alive on 10-12-, 1930, and that death occurred, on the date stated above, at 12:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
15'9
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610
(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) P. E. Willcox, M. D.
10-12-, 1930 (Address) Supt. K.C. Gen'l 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 Cemetery	Oct 14 1930
20. UNDERTAKER	ADDRESS
John J. Sheehan	K.C. Mo