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.

25199

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3200

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Lathrop Infant

(a) Residence. No. 7515 W. 43rd St. St., Ward.
(Usual place of abode) 1515 W 43rd St (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	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) July 23, 1931

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 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 COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Tom Lathrop

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K.C. Mo
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Daisy Dyche

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K.C.
(STATE OR COUNTRY) Kansas

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

15. FILED 7/25, 1931 M. M. Crouse asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-23, 1931, to 7-23, 1931 that I last saw him alive on 7-23, 1931, and that death occurred, on the date stated above, at 7:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

157

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. B. Williams, M. D.

7-23, 1931 (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 Leeds — DATE OF BURIAL July 28 1931

20. UNDERTAKER Peter B. Lapetina — ADDRESS