

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

Do not use this space.

41199

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. 7-C general Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 5188
Registered No. 5188
St. _____ Ward _____

2. FULL NAME Denman Infant

(a) Residence, No. 504 W. 18th 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-29-31</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>1</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. General Hosp Kansas City, Mo.

FATHER 13. NAME Campbell, Julius

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER 15. MAIDEN NAME Mildred Denman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT P.C. Genl Hosp (ADDRESS) K.C. Genl Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 12-31-1931

19. UNDERTAKER W. B. Lapetina (ADDRESS) K.C. Mo.

20. FILED 12/31-1931 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1931, to 12-30, 1931

I last saw him alive on 12-30, 1931 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
159/59
Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify P.E. Williams, M. D.

(Signed) _____ (Address) 504 W. 18th Kansas City, Mo.

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.

