

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

Do not use this space.

1125

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. Research Hosp.)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Baby Charles C. Foster

(a) Residence No. 4140 Campbell St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child 159  
(b) General nature of industry, business, or establishment in which employed (or employer) 1614  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Charles Foster

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

12. MAIDEN NAME OF MOTHER Marie Schaal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Charles Foster  
(Address) 4140 Campbell

15. FILED Jan 16, 32 M. M. (Crouse) REGISTRAR Asch

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 16, 1932, that I last saw him alive on Jan 16, 1932, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth (9 mos) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Pulmonary atelectasis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Frindman  
(Signed) B. S. Subercher, M. D.  
1/16 1932 (Address) 606 Angyle Bell

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cavelry Cemetery DATE OF BURIAL Jan 16, 32

20. UNDERTAKER Fagner Funeral Home 204 W. Linwood ADDRESS \_\_\_\_\_

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.

~~W. J. ...~~  
W. J. ...

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