

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. Mercy Hospital

File No. 8519  
Registered No. 11600 (Ward)

**2. FULL NAME**

(a) Residence, No. 2338 Holly St. 3 Ward K.C. - Mo.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-4-32</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	
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. <u>—</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>—</u>		<u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo</u>		
13. NAME <u>John Quincy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss 18</u>		
15. MAIDEN NAME <u>Ruby Bernadine</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>John Quincy 2338 Holly</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary</u> DATE <u>March 16, 32</u>		
19. UNDERTAKER (ADDRESS) <u>Kellardie Kemo</u>		
20. FILED <u>3/16</u> 19 <u>32</u> <u>M. M. Ciow</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/1932

22. I HEREBY CERTIFY, That I attended deceased from 3/14/1932 to 3/15/1932. I last saw him alive on 3/15/1932. Death is said to have occurred on the date stated above, at 8 A.M. The principal cause of death and related causes of importance were as follows:  
Prematurity  
151  
107A 159  
Other contributory causes of importance:  
Bronchopneumonia ?

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 (Signed) W. M. Howard M. D. (Address) Mercy Hospital K.C. - 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.

