

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.

8782

1. PLACE OF DEATH

County Jackson
Township Stear
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 399
Primary Registration District No. 3002

File No. _____
Registered No. 1373 Ward _____

2. FULL NAME Neulan Infant

(a) Residence, No. 1729 Bristol St. 12 Ward.

(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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Kansas City Mo.

FATHER 13. NAME John E. Neulan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gene Free Kansas

MOTHER 15. MAIDEN NAME Evelyn McCarty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska

17. INFORMANT (ADDRESS) Reverend Clerk St. Agnes Hosp K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 4-1-32

19. UNDERTAKER (ADDRESS) J.B. Lypotishew K.C. Mo.

20. FILED 4/1 1932 M.M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932, to 3-29, 1932.
I last saw him alive on 3-29, 1932. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Prematurity Date of onset 159

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.B. Williams

(Signed) _____ M. D.

(Address) St. Agnes Hosp K.C. Mo.

