

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

Do not use this space.

16307

**1. PLACE OF DEATH**

County Jackson Registration District No. 303  
 Township Yakaw Primary Registration District No. 1004  
 City Kansas City, Mo. (No. 4) Kansas City Gen. Hosp. Ward 8

**2. FULL NAME**

Sineath Infant  
 (a) Residence, No. 736 Park St.          Ward.           
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-32  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min. 4

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 Ernest Sineath  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

MOTHER 15. MAIDEN NAME Minnie Helms  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) De Waddeley, R.C. Gen. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local DATE 5-25-32

19. UNDERTAKER (ADDRESS) Lafayette, Kansas City, Mo.

20. FILED May 25 1932 M.M. Croft  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1932 to 5-16, 1932  
 I last saw him alive on 5-16, 1932 Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Prematurity  
159, 159  
 Other contributory causes of importance:           
 Name of operation None Date of           
 What test confirmed diagnosis?          Was there an autopsy? Yes  
 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) P. E. Willard M. D.  
 (Address) Supt. R.C. Gen. Hosp. K.C. Mo.

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.

