

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

Do not use this space.

16333

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 2126
 Township Keok Primary Registration District No. 7208 Registered No. 2126
 City Kansas City (No. 7. C. General Hosp) St. Mo. Ward

2. FULL NAME

Hecht Infant

(a) Residence, No. 1415 Olive St., 9 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 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) 5-24-32

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ! hrs. or min.

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 Missouri

13. NAME Edgar Hecht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Edna Edington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT Beulah Clark
(ADDRESS) 7. C. General Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Keok DATE 5-27-32

19. UNDERTAKER W. C. Capelina
(ADDRESS) K. C. Ave

20. FILED May 27, 1932 M. M. Crowe
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1932, to 5-24, 1932

I last saw him alive on 5-24, 1932. Death is said to have occurred on the date stated above, at 10:55 p. m.

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

Spina Bifida + Diaphragmatic Hernia Date of onset

157B
157D / 19 4 11

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

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. G. Williams, M. D.

(Address) San Asaph, 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.

