

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

Do not use this space.

16405

1. PLACE OF DEATH

County Jackson Registration District No. 200
 Township Kaw Primary Registration District No. 100
 City K. C. Mo. (No. Gen Hosp # 2) St. 2202 Ward

2. FULL NAME

(a) Residence, No. 1522 Lydian St. 1st Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. 16 How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16 1932</u>		
7. AGE	YEARS	MONTHS
		17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Child</u>
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) <u>K. C. Mo.</u>		
MOTHER / FATHER	13. NAME (mother) <u>Mary Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C. Mo.</u>	
	15. MAIDEN NAME <u>Mr Davis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>Gen Hosp # 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leadmo</u> DATE <u>6 2</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. B. Moore</u> (ADDRESS) <u>1920 E 18 St</u>		
20. FILED <u>June 2 1932</u> <u>M. M. Cerome</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16 1932, to May 30 1932
 I last saw her alive on May 30 1932. Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
159 / 5 lb
 Other contributory causes of importance:
 Name of operation _____ 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 _____ 1932
 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) D. M. Muller M. D.
 (Address) Gen. Hosp No 2

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.

1932
858
1851

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