

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

Do not use this space.

19679

1. PLACE OF DEATH

County Jackson Registration District No. 38
 Township Kaw Primary Registration District No. 1004
 City Kansas City (No. 72 C General Hosp) St. _____ Ward _____

2. FULL NAME

Salley Infant
 (a) Residence, No. 12387 West St. K Ward _____
 (Usual place of abode) (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) 6-18-32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 1/2 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, Mo

MOTHER FATHER 13. NAME Frank Salley

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

15. MAIDEN NAME Seday Kerning

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

17. INFORMANT Re word Clerk
(ADDRESS) K.C. Gen. Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL PLACE Feeds DATE 6-24- 19 _____

19. UNDERTAKER J. B. Lupinus
(ADDRESS) _____

20. FILED 6/23 19 32 M. Corone
Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1932, 6-18, 1932
 I last saw her alive on 6-18, 1932 Death is said to have occurred on the date stated above, at 4:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Prematurity Date of onset _____
159
161A 159
 Other contributory causes of importance: atelectasis

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 PE Willaues M. D.
 (Signed) _____
 (Address) Supt K.C. Gen. Hosp 72 C Hw

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.

