

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

Do not use this space.

26318

1. PLACE OF DEATH

County Garrison
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. K.C. General Hosp.

File No. 3226
Registered No. 3226
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 64318154 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 F. 4. COLOR OR RACE W. 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) 8-21-32

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, Mo.

13. NAME Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Yvonne Heisinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

17. INFORMANT (ADDRESS) Rec'd Clerk K.C. Gen Hosp K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 8-23-32

19. UNDERTAKER (ADDRESS) Funk & Robin Rom

20. FILED Aug 23 1932 M. M. Corowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1932, to 8-22, 1932

I last saw him alive on 8-22, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Prematurity
159 / 59
Other contributory causes of importance:
①

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 _____, 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 P. G. Williams, M. D.
(Signed) Ben Harper K.C. Mo
(Address)

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.

