

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

29235

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. R.C. General Hosp)

Registration District No. 399

Primary Registration District No. 2002

File No.

Registered No. 2408

St. Ward

2. FULL NAME

Murford Infant

(a) Residence, No. Gen Hosp St. 3 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-5-32</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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.
	<u>None</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Beryl Murford

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

15. MAIDEN NAME Belva ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Meriah, Missouri

17. INFORMANT (ADDRESS) Reverend Clerk R.C. General Hosp. K.C.M.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads DATE Sept 9-32

19. UNDERTAKER (ADDRESS) Fisher & Jobin

20. FILED 9/8, 1932 M. M. Crowl Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1932 to 9-5, 1932. I last saw her alive on 9-5, 1932. Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Other contributory causes of importance: 159 159 (1)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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. Williams M. D.
(Address) Gen Hosp R.C.M.O.

