

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

Do not use this space.

29520

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kan. Primary Registration District No. _____
 City Kansas City (No. Gen Hosp No 2) St. _____ Ward _____

File No. 3740
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ Ward _____

(Usual place of abode) 1831 Charlotte (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-32

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>-</u>	<u>-</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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 Oliver Briggs

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

15. MAIDEN NAME Ethel Bolcher

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

17. INFORMANT (ADDRESS) Record Clerk Gen Hosp # 2 Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads no date

19. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 14th K.C. Mo.

20. FILED 10-7-32 M. M. Coroune
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-32

22. I HEREBY CERTIFY, That I attended deceased from 9-11-32 to 9-16-32
 I last saw him alive on 9-16-32 Death is said

to have occurred on the date stated above, at 10:30 am

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

Premature Infant
Jaundice of Newborn

Other contributory causes of importance: 1

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical 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 _____, 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? No

If so, specify _____

(Signed) D. M. Miller, M. D.

(Address) Gen. Hosp # 2

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

