

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

Do not use this space.

35992

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jaw Primary Registration District No. 1002
 City Kansas City (No. K.C. General Hosp.) St. Mo. (Ward)

2. FULL NAME

Whitehead Infant
 (a) Residence, No. 508 S. Topping St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-23-32</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>6</u> hrs. or <u></u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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>Kansas City / Missouri</u>		
FATHER	13. NAME <u>Ralph Whitehead</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fort Scott / Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Mickey Carmen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Dr. W. A. Clark / K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds</u> DATE <u>11-30-32</u>		
19. UNDERTAKER (ADDRESS) <u>Frank & John</u>		
20. FILED <u>Nov 29 3 37 P. M. 1932</u> Registrar <u>user</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-32

22. I HEREBY CERTIFY, That I attended deceased from 11-23-32 to 11-23-32.
 I last saw h. alive on 11-23-32. Death is said to have occurred on the date stated above, at 7:37 A.M.
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Other contributory causes of importance: 159 / 159

Name of operation None Date of
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury 19
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) J. H. Jewett M. D.
 (Address) S. W. K. C. Gen. Hosp. K.C. Mo.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

