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

Do not use this space.

File No. 1506

Registered No. 236

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No. 399

City Kansas City (No. 3420 Paseo 1002 St. Ward)

2. FULL NAME Miles Standish

(a) Residence. No. 3420 Paseo St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	6	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Howard Standish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. C., Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lorraine Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Martin
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Howard Standish
(Address) 3420 Paseo

15. FILED 1-15 1933 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13, 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to Jan. 13, 1933, that I last saw him alive on Jan 13, 1933, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

10 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Laboratory

(Signed) M. L. Bilds M. D.

, 19 (Address) 1424 Prof. Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mafield Hill Cem

DATE OF BURIAL Jan 14 1933

20. UNDERTAKER Gates Funeral Home

ADDRESS K. C., K.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.