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.

File No. 1656

Registered No. 386

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township Kaw — Primary Registration District No. 5009

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Infant Linde

(a) Residence, No. 5609 Locust St., 6 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 3, 1933

7. AGE: Years | Months | Days: 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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 Missouri

FATHER

13. NAME: Clyde J. Linde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER

15. MAIDEN NAME: Margaret Young

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

17. INFORMANT (ADDRESS): Clyde J. Linde 5609 Locust St

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE Elmwood Cemetery DATE January, 1933

19. UNDERTAKER (ADDRESS): Shipp & McCleve 3235 Gillham Plaza

20. FILED Jan. 24, 1933 M. M. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Jan 23, 1933

I last saw h— alive on Jan 23, 1933. Death is said to have occurred on the date stated above, at A. m. 11:30

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

	Date of onset
Sylvic Stenosis (Congenital)	
15 7D	
15 7D	
10 7D	

Other contributory causes of importance: Generalized Peritonitis, Bronchial Pneumonia

Name of operation Jan. 18, 1933. Date

What test confirmed diagnosis? Findings of Pathologist. Was there an autopsy? yes

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) Paul D. Hurd, M. D.

(Address) Peg. Bldg. K. C. Mo

Dr. Paul Kuntz
Professional Bldg.

1:30