

WHITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

29 1933

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.



1. PLACE OF DEATH
48 County Jackson Registration District No. 404 File No. 1855
Township Washington Primary Registration District No. 5558 Registered No. 10
City Kansas City (No. 83rd & Main) St. _____ Ward _____

2. FULL NAME Unknown Infant
(a) Residence, No. Unknown St. _____ 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 ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ?
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Mo

MOTHER FATHER
13. NAME " "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT None (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL FER-1-33
PLACE Maple Hill Cem DATE Feb 27 1933

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) 20 W L. N. WOOD

20. FILED 2-1-33 And P. Henderson Sub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/33 1933
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1933
I last saw him alive on _____, 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Talk of Cure
Exp. m.
1750
1775
Other contributory causes of importance:
Date of onset

Name of operation No Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Nature of injury None
Where did injury occur Body found at 83rd & Main (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) [Signature] M.D.
(Address) Deputy Coroner.

to the ...
Practical ...