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.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 2824 Madison St. Ward)

File No. 19812
Registered No. 2527

2. FULL NAME Infant Stansburg - Walter
(a) Residence, No. 2824 Madison St., 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. 0 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 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) Missouri

FATHER
13. NAME Walter E. Stansburg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ruth King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons Kansas

17. INFORMANT (ADDRESS) Mrs. Ruth Stansburg 2824 Madison, K C Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 6/15 1933
19. UNDERTAKER (ADDRESS) Mellody McGibley K.C. Mo.
20. FILED 6-16 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10/33 19
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19
I last saw him alive on 3P, 19 Death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:
Prematurely
159
159
Date of onset
Other contributory causes of importance:
Name of operation no Date of
What test confirmed diagnosis Exception where an autopsy?

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?
If so, specify
(Signed) C. Helck M.D.
(Address) KCMO DEPCOR