

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.

19 1935

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

Do not use this space.

22456

1. PLACE OF DEATH

24 County JAY Registration District No. 197
Township Ballwin Primary Registration District No. 5276A
City North Kansas City (No. North) St. Mo. Ward

4. FULL NAME

(a) Residence, No. 1206 E 24th N.K.C., Mo. St. Mo. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>X</u> <u>X</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/28/35</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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) <u>Mo.</u>		
FATHER	13. NAME <u>Cecil Keck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Rhelma Drapp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Trud Traff</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Cem</u> DATE <u>July 29 35</u>		
19. UNDERTAKER (ADDRESS) <u>MORRISON FUNERAL HOME North Kansas City Mo.</u>		
20. FILED <u>Aug 10, 1935</u> <u>Viola C. Meyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/28/35, 19..... to 7-29, 1935
I last saw him alive on 7/28, 1935. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:
Premature birth
by M.D. Zetter
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Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Hakenbusch, M. D.
(Address) North Kansas City Mo.

7-18/52

7-18/52

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