

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

Do not use this space.

32824

NOV 21 1935

1. PLACE OF DEATH

County Jackson Registration District No. 1008
 Township Jeanes Primary Registration District No. 1008
 City Kansas City (No. K.C. General Hosp) St. Mo. Ward 10

File No. 1008
 Registered No. 1008

2. FULL NAME

(a) Residence, No. 7007 Ward Parkway St. Mo. Ward 10

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-10-35</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day,hrs. ormin.
		<u>10</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	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) Kansas City
 (STATE OR COUNTRY) Mo.

13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) ?
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Way

16. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

17. INFORMANT Peard Clerk
 (ADDRESS) K.C. Gen. Hosp

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE 10-21-35, 1935

19. UNDERTAKER Pete B. Lapetiny
 (ADDRESS) 536 Campbell

20. FILED 10-21-35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1935 to 10-20-1935

I last saw him alive on 10-20-1935 Death is said to have occurred on the date stated above, at 7:45 PM

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

Congenital Atresia of esophagus, malnutrition

Date of onset

Other contributory causes of importance:

Name of operation BP Date of BP
 What test confirmed diagnosis? BP 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?

If so, specify ?

(Signed) J. H. Bennett, M.D.

(Address) Dept. K.C. Gen. Hosp. K.C. Mo.

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.

