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

Do not use this space.

39461

JAN 23 1936

1. PLACE OF DEATH

County Jackson — Registration District No. 349

Township ~~Kew~~ — Primary Registration District No. 1002

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

File No. ~~[illegible]~~

Registered No. ~~[illegible]~~

2. FULL NAME Shirley Ann Childers

(a) Residence, No. 225 East 73rd. Street 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	Wh.	Inft.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. ~~3rd~~ 1st. 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inft.

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 Mo.

FATHER

13. NAME R.M.Childers

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

MOTHER

15. MAIDEN NAME Ethel Tunney

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

17. INFORMANT R.M.Childers
(ADDRESS) 225 East 73rd. Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 12/3/35 19

19. UNDERTAKER W.F.Mayberry
(ADDRESS) City

20. FILED Dec 3 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1935, to 12-2, 1935

I last saw him alive on 12-2, 1935 Death is said to have occurred on the date stated above, at 1:30P m.

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

Mother Nephritis
Former Oedema
7 Mo. Gestation.
Wt. 3.
Cesarean Section
Premature Extension of mother

Date of onset

Other contributory causes of importance:

Lack of development because of long Nephritis of mother

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? 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) Mary L. Hamilton, M. D.

(Address) Pearl Apts

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.

WHEN FILLED WITH CERTAINTY THIS BLANK IS A PERMANENT RECORD

1/12

Dr Buford [illegible]