

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.

JAN 23 1936

39584

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 72 C. General Hosp) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3818 Highland Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 0 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)		
<u>F.</u>	<u>W.</u>	<u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11-1935</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>6</u>	<u>2</u>	<u>30</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) (STATE OR COUNTRY)				
<u>Kansas City Mo</u>				
FATHER	13. NAME			
	<u>Donald Reid</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	<u>Mo</u>			
15. MAIDEN NAME				
<u>Hazel Blackman</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
<u>Mo</u>				
17. INFORMANT (ADDRESS)				
<u>Reverend Clerk 72 C. Gen Hosp 72 C Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
<u>FLORAL HILLS DECEMBER 13 1935</u>				
19. UNDERTAKER (ADDRESS)				
<u>D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u>				
20. FILED				
<u>Dec 12 1935 M. M. Kerove Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-9-35, to 12-11-1935

I last saw h.e. alive on 12-11-1935 Death is said to have occurred on the date stated above, at 2:35 PM

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

Pyritic Stenosis

Other contributory causes of importance:

1517

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) [Signature], M. D.

(Address) 72 C. Gen Hosp

