

APR 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Gran Primary Registration District No. 1002
City Kansas City (No. McGee Hosp)

File No. 10922
Registered No. 1598
St. _____ Ward _____

2. FULL NAME

Hevener Infant
(a) Residence, No. 3226 McGee 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-7-36</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-36 to 3-9-36
I last saw him alive on 3-9-1936 Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:
Prematurity
Date of onset 159

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? _____ 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) K. C. Gen Hosp

12. BIRTHPLACE (CITY OR TOWN) KC
(STATE OR COUNTRY) Mo

13. NAME Vanda Hevener

14. BIRTHPLACE (CITY OR TOWN) W. Va
(STATE OR COUNTRY)

15. MAIDEN NAME Dorothy Mandel

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

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Mo. DATE 3-24-36

19. UNDERTAKER Peter B. Lapetina
(ADDRESS) K. C. Mo.

20. FILED Mar 24 1936 M. M. Corowe
Registrar.

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.

