

MAY 21 1936

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

Do not use this space.

15052

1. PLACE OF DEATH

County Jackson
Township Steer
City Independence (No. 734 no record)

Registration District No. 398
Primary Registration District No. 3019
734 no record St. _____ Ward)

File No. _____
Registered No. 175

2. FULL NAME

(a) Residence, No. 734 no record 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1936

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

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

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) Independence Missouri

13. NAME No history

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No history

15. MAIDEN NAME Mildred Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Junction city Kansas

17. INFORMANT Mrs. Gada Walton (ADDRESS) 734 no record Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Foundry Ave DATE April 30 1936

19. UNDERTAKER George C. Carson (ADDRESS) Indep. Mo

20. FILED 5-2-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to April 29, 1936
I last saw him alive on April 28, 1936 Death is said to have occurred on the date stated above, at 2 a.m.

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

Premature birth Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? history Was there an autopsy? No.

23. If death was due to external causes (violence, fall 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. L. Cook, M. D.
(Address) Independence

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.

