

MAY 19 1936

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

Do not use this space.

15399

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JacksonPrimary Registration District No. 1002City Kansas City (No. 12. C. Gen Hosp)

File No.

Registered No. 2117St. Ward

2. FULL NAME

(a) Residence, No. 501 West 10th St.

(Usual place of abode)

Ward.

(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 m.4. COLOR OR RACE w5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 1 1/2 hrs. or 15 min.

OCCUPATION

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) K.C. Mo.

FATHER

13. NAME Emmis Nally14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Jene Messerley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Deana Clark

18. BURIAL, CREMATION, OR REMOVAL

PLACE FrederickDATE 4-22-36 1919. UNDERTAKER (ADDRESS) Peter B. Lopez20. FILED Apr. 24, 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 193622. I HEREBY CERTIFY, That I attended deceased from 4-20 1936 to 4-21 1936I last saw her alive on 4-21 1936 Death is saidto have occurred on the date stated above, at 12:50 am

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

Prematurity and Immaturity
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Date of onset:

Other contributory causes of importance:

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

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) [Address][Address]

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.

