

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 27 1936

19461

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township 1st Primary Registration District No. 100 v
City Kansas City, Mo. K.C. General Hosp

File No. _____
Registered No. 2417
St. _____ Ward _____

2. FULL NAME Eberhart Infant

(a) Residence, No. Gen Hosp St. 15 Ward. _____
(Usual place of abode) 450 Virginia (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>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-4-1936</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

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

13. NAME Beth Eberhart

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT Reserve Clerk
(ADDRESS) K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keels No DATE May 1936

19. UNDERTAKER Trick & Robin Co
(ADDRESS) 20th & 1st Greenwood

20. FILED May 13, 1936 M. M. Crozier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1936, to 5-4, 1936

I last saw her alive on 5-4, 1936 Death is said to have occurred on the date stated above, at 4:45 am

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? 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) K.C. General Hosp

