

JUL 24 1936

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

Do not use this space.

19719

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. 2) General Hosp St. _____ Ward _____

File No. _____
Registered No. 2781

2. FULL NAME

(a) Residence, No. 3114 E 10th 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or 17 min.

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) KC (STATE OR COUNTRY) Mo

13. NAME Frank J. Carnan

14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

15. MAIDEN NAME Laura Busch

16. BIRTHPLACE (CITY OR TOWN) Port Arthur (STATE OR COUNTRY) Texas

17. INFORMANT Debra Clark (ADDRESS) 2202 W. 10th St. Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead DATE 6/9 1936

19. UNDERTAKER Lynch & John (ADDRESS) Re no

20. FILED 6/9 36 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-25 36, to 5-25 1936

I last saw her alive on 5-25 36, 1936. Death is said to have occurred on the date stated above, at 11:02 PM

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

Prematurity and Immaturity
Date of onset _____
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 _____, 1936

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. J. [Signature] M. D.
(Address) 2202 W. 10th St. Kansas City, Mo

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.

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