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.

JUL 24 1936

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

Do not use this space.

23055

File No. 2088
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township — Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Infant Prescott
(a) Residence, No. 3641 Baltimore 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1936

7. AGE Years	Months	Days	If LESS than 1 day, 15 hrs. or min.
0	0	0	

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) Kansas City (STATE OR COUNTRY) Missouri

FATHER
13. NAME Walter N. Prescott
14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Eugenia Pierson
16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas

17. INFORMANT Walter N. Prescott (ADDRESS) 3641 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park K.C.K. DATE 6/24/36

19. UNDERTAKER Geo. H. Long (ADDRESS) K.C.K.

20. FILED 6/24 1936 M. M. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to June 23, 1936
I last saw him alive on 6/23, 1936. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/23
Immaturity	6/23

Other contributory causes of importance:

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

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) L. Barrick Wilson M.D.
(Address) R. #2 Overland Park Kans.