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.

SEP 29 1936

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

Do not use this space.

30879

1. PLACE OF DEATH
County Jackson. Registration District No. 399
Township Kaw. Primary Registration District No. 1002
City Kansas City (No. 4512-E 15th St St. Ward)

File No.
Registered No. 2675

2. FULL NAME Infant Burnos
(a) Residence, No. 4512-E 15th st 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 F
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo

FATHER
13. NAME John Burnos.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

MOTHER
15. MAIDEN NAME Flora Latmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John Burnos 4512-E 15th st
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE Aug 10 1936
19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606-Indep Ave
20. FILED Aug 10, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug 9, 1936
I last saw her alive on Aug 9, 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

159

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, 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) R L St Clair, M. D.
(Address) 5242 St John

101-de Fan