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

NOV 16 1936

Do not use this space.

37677

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township East — Primary Registration District No. 100

City Kansas City (No. K C General Hosp. St. ..... Ward)

File No. ..... Registered No. 4528

2. FULL NAME Hiss Infant

(a) Residence, No. 205 W 18th 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) 10-7-36

7. AGE — YEARS ..... MONTHS ..... DAYS ..... If LESS than 1 day ..... hrs. or 25 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) KC Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Viola Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Reuna Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Mo DATE 10-13 1936

19. UNDERTAKER (ADDRESS) Quirk & Tobin

20. FILED Oct 13 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-7 1936 to 10-7 1936

I last saw h. alive on 10-7 1936 Death is said to have occurred on the date stated above, at 8:25 a.m. p.m.

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

	Date of onset
Prematurity	

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) J. H. Hanner, M. D.

(Address) Int. K C Gen. Hosp.

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.

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

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