JAN 19 1937

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

Do not use this space.

44732

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 302 — Registered No. 5311
City K C Mo (No. Fairmount Hospital St. Ward)

2. FULL NAME Billie Deringer
(a) Residence, No. 1414 E 27 St. Fairmount
(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 - 1936
7. AGE YEARS ✓ MONTHS ✓ DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Bill Merritt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kansas

MOTHER
15. MAIDEN NAME May Deringer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb

17. INFORMANT (ADDRESS) Fairmount Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE Dec 10 1936

19. UNDERTAKER (ADDRESS) Doehler A.P. 1415 East 15

20. FILED 12-9 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936 to Dec 6, 1936
I last saw him alive on Dec 4, 1936 Death is said to have occurred on the date stated above, at 12 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Thymus	
Prematurity	

Other contributory causes of importance:

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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? no
If so, specify .....
(Signed) Fred B Kyger, M. D.
(Address) Fairmount Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.