

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

Do not use this space.

45040

1. PLACE OF DEATH

County Jackson Registration District No. 299 File No. _____
 Township Ray Primary Registration District No. 1100 Registered No. 5021
 City K.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 2017 1/2 St. 11th Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1936, to 12-16, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1936

I last saw him alive on 12-16, 1936. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

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

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 _____

Date of onset _____
Premature Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

Other contributory causes of importance: 151

13. NAME Wm Hill

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

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

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. _____

15. MAIDEN NAME Geneva Warfield

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

17. INFORMANT Record Clerk
 (ADDRESS) General Hospital #

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rocky County DATE 12/30/36

19. UNDERTAKER West Appleton
 (ADDRESS) 1150 E. 20th

20. FILED 1/30, 1936 M. McBrown
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) O. D. Durrant M. # _____
 (Address) General Hosp. #2

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.

JAN 19 1937

