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.

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

MAY 19 1936

Do not use this space.

File No. 47596

Registered No. 23

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Raw — Primary Registration District No. 1002

City: K C Mo (No. Fairmount Hosp. St. Ward)

2. FULL NAME: Baby Anderson

(a) Residence, No. 1414 E 27 St., Fairmount Hosp.
(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: Female

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): Feb 21 /36

7. AGE: Years: Stillborn; Months; Days; If LESS than 1 day, ...hrs. or ....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): K.C. Mo.

FATHER

13. NAME: Mike Conner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottawa Ks.

MOTHER

15. MAIDEN NAME: Ruth Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baldwin Ks.

17. INFORMANT (ADDRESS): Fairmount Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Floral Hill DATE: Feb 24, 1936

19. UNDERTAKER (ADDRESS): Doehner & Co.

20. FILED: 2/24, 1936 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936, to Feb 21, 1936

I last saw h.... alive on Stillborn, 1936 Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Baby Anderson	
Stillborn	

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) Harry S. Lane, M. D.

(Address) 1414 E. 27 K.C. Mo