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

Do not use this space.

MAY 19 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp St. Ward)

File No. 47611
Registered No. 88

2. FULL NAME Cady Infant
(a) Residence, No. 5925 Winneshood 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): 3-10-36
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.
Stillborn

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: R. Bennington Cady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth Ks.

MOTHER
15. MAIDEN NAME: Thelma Hallwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): San Antonio Texas

17. INFORMANT (ADDRESS): Record Clerk KC Gen Hosp KC Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Leeds DATE 3-24-36, 19
19. UNDERTAKER (ADDRESS): Peter B. Lapeting K.C. Mo
20. FILED 3/24, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 3-10, 1936
I last saw him alive on Stillborn, 19.... Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	

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) J. H. Jennings, M. D.
(Address) Supt KC Gen Hosp KC Mo