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.

FEB 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 48450

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Joseph Hosp St. Ward)

2. FULL NAME Inft Blacksmith

(a) Residence, No. 2624 Prospect 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: Fe.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Inft

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd, 1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or 0 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 F.L.Blacksmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

MOTHER

15. MAIDEN NAME Barbara Murer

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

17. INFORMANT (ADDRESS) F.L.Blacksmith 2624 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem. DATE 6/3/36, 19

19. UNDERTAKER (ADDRESS) W.F.Mayberry City

20. FILED 6/3, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH (?)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillbirth, 19

I last saw h..... alive on ....., 19..... 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:

This was a stillbirth the cause of which is still being investigated. This child possibly died (5-30-36)

Date of onset

Other contributory causes of importance: Mother is cardiac of mild degree.

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) A B Sinclair Jr., M. D.

(Address) 1103 Grand Avenue

Dr. [illegible]