

FEB 25 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kansas City (No. K.C. Gen. Hosp) St. _____ Ward _____

2. FULL NAME

Christman Infant
(a) Residence, No. Gen. Hosp St. _____ Ward _____
(Usual place of abode) 4012 E. 31st
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Stillbirth

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) K.C. Mo.

FATHER
13. NAME Paul Christman

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

MOTHER
15. MAIDEN NAME Pauline Brasel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Juba Kan

17. INFORMANT (ADDRESS) Deana Clark K.C. Gen. Hosp K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truett DATE 6/29 1936

19. UNDERTAKER (ADDRESS) Clark & Son

20. FILED 7-3 1936 M. M. Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1936 to 6-28 1936

I last saw him alive on Stillborn 1936. Death is said to have occurred on the date stated above, at 12:25 am

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

Date of onset

Other contributory causes of importance:

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 _____ 1936

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. Bennett M.D., M. D.
(Address) Gen. Hosp

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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