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.

48614 86

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Infant Flinner

(a) Residence, No. 4306 Holmes St., 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

3. SEX: Male
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) July 12 - 1936

7. AGE YEARS 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.

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 Missouri

FATHER

13. NAME Lewis E. Flinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarbalo, Kansas

MOTHER

15. MAIDEN NAME Annita E. Sawin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas

17. INFORMANT (ADDRESS) Lewis E. Flinner Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 13 1936

19. UNDERTAKER (ADDRESS) Gate Funeral Home Kansas City, Kansas.

20. FILED July 12 1936 M. M. Grown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to July 12, 1936. I last saw him alive on July 12, 1936. Death is said to have occurred on the date stated above, at 12:15 m.

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

Prematurity (2 lb. 10 ozs. 7 mos. pregn.) — 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, 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) E. C. Cadrier, M. D.

(Address) 1722 W. 39th, K. C., Mo.