

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.

FEB 25 1937

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1. PLACE OF DEATH

County Jackson Co. Registration District No. 399  
Township          Primary Registration District No. 1002  
City Kansas City Mo. (No. St. Mary's Hosp.)  
St.          Ward         

File No.           
Registered No.         

2. FULL NAME

Baby Fuller  
(a) Residence, No. 7235 Indiana 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature baby

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

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

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.  
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)

13. NAME Maie Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo.

15. MAIDEN NAME Verna Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo.

17. INFORMANT M. W. Hill, Fuller (ADDRESS) 7235 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Flower Hill DATE Aug 27, 1937

19. UNDERTAKER Quinn & Sons Co. (ADDRESS) 20 W. Raymond

20. FILED 8-28-36 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 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:

Premature birth - (5 mo.) Date of onset

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 Alex. C. Burbidge (Signed)         , M. D.

(Address) St. Mary's Hospital  
Kansas City Mo.

