

FEB 25 1937

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

Do not use this space.

49484
235

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City K.C.MO. (No. 3429 Harrison) St. Ward

File No.
Registered No.

2. FULL NAME Infant LaRue

(a) Residence, No. 3429 Harrison 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 Colored 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) 12-12-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Steelborn 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. Infant
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

MOTHER FATHER 13. NAME Geo. LaRue

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

MOTHER 15. MAIDEN NAME Marcel Waters

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

17. INFORMANT Mrs Marcel Larue
(ADDRESS) 3429 Harrison St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reeds no. DATE 12/29/36

19. UNDERTAKER H.B. Moore
(ADDRESS) 1820 East 18th St

20. FILED 1-2-37 M.M. Coward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-12-36 to 12-12-36, 1936

I last saw her alive on still born 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:

Syphilis

Date of onset

Other contributory causes of importance:

Syphilis

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury

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. J. A. A. A. M. D.

(Address) 2700 E-18

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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Dr Haugh
2200 Brooklyn Ave