

MAR 20 1937

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

Do not use this space.

6148

1. PLACE OF DEATH

County JacksonRegistration District No. 398

File No.

Township

Primary Registration District No. 3190Registered No. 49City IndependenceIndependence Sanitarium + Hospital (Ward)

2. FULL NAME

(a) Residence, No. Bellevue mo. St. — Ward. 1

(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 19377. AGE YEARS MONTHS DAYS IF LESS than 1 day, 4/10 hrs. or min. Premature Infant 0 *

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) Indep. Sanitarium13. NAME Wm. T. Hartnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belmont New York15. MAIDEN NAME Mary D. Fitzpatrick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Illinois17. INFORMANT (ADDRESS) Wm. T. Hartnett Bellevue mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hospital DATE 2/2 193719. UNDERTAKER (ADDRESS) W. Hartnett20. FILED 2-10-1937 3. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1937I HEREBY CERTIFY, that I attended deceased from Feb. 1 1937, to Feb. 1 1937I last saw her alive on Feb. 1 1937. Death is said to have occurred on the date stated above, at 3:50 m.

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

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

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? NoIf so, specify None(Signature) Wm. T. Hartnett, M. D.(Address) Independence, Mo.

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.

