MAY 15 1937

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

Do not use this space.

15335

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 1001
City Kansas City (No. K C Gen Hosp St. Ward)

2. FULL NAME Ronald Atherton
(a) Residence, No. Kansas City Cradle 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: 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) 3-16-37

7. AGE — YEARS — MONTHS — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 4-24-37, 19

19. UNDERTAKER (ADDRESS) Quirk and Tobin 20 W. Linwood

20. FILED Apr. 21, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1937 to 3-30, 1937
I last saw him alive on 3-30, 1937 Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

Birth Trauma; Cerebral Hemorrhage — Date of onset

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Other contributory causes of importance:
Bronchopneumonia

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) P. F. De Maria, M. D.
(Address) Supt K C Gen Hosp K C 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.

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