

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.

MAY 15 1937

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

Do not use this space.

15533

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township Osage

Primary Registration District No. 602

Registered No. 5: 34

City Kansas City (No. K.C. Gen. Hosp) St. _____ Ward _____

2. FULL NAME English Infant

(a) Residence, No. 17E 342 St. _____ Ward _____

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Stillbirth

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) Kansas City Mo

13. NAME Everett English

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

15. MAIDEN NAME Melva Kuty

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

17. INFORMANT Deana Clark (ADDRESS) K.C. Gen. Hosp. Rm. 304

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

19. UNDERTAKER Quick & Tobin (ADDRESS) 20 W. Genessee

20. FILED 4/12/37 1937 M. M. Brown 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 3-30, 1937 to 3-30, 1937

I last saw her alive on Stillborn, 19____. Death is said

to have occurred on the date stated above, at 4:10 P. M.

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

Stillbirth 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 _____

(Signed) P. J. De Maria, M. D.

(Address) Superior Gen. Hosp. Rm. 304

