

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

Do not use this space.

JUN 12 1937

18888

1. PLACE OF DEATH

County Jackson Registration District No. 377  
Township Kaw Primary Registration District No. 1002  
City CC, Mo (No. Trinity 185th St. 2 Ward)

File No. 2157  
Registered No. 2157

2. FULL NAME

(a) Residence, No. Baby Herritt Infant St. Dravotomile Ward. 2  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 37  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Mo

FATHER 13. NAME Glenn Herritt

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

MOTHER 15. MAIDEN NAME Neva<sup>m</sup> Long

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Basel Kansas

17. INFORMANT (ADDRESS) Glenn Herritt Dravotomile Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Dravotomile DATE May 4, 1937

19. UNDERTAKER (ADDRESS) Chas. Montague Dravotomile Kansas

20. FILED May 6, 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1937, to 5-4, 1937.  
I last saw him alive on 5-3, 1937. Death is said to have occurred on the date stated above, at 12:15 AM.  
The principal cause of death and related causes of importance were as follows:

Prematurity  
congenital atelectasis  
Bronchio-pneumonia  
Date of onset: birth 5/2/37

Other contributory causes of importance:  
159

Name of operation Test - Play findings Date of no  
What test confirmed diagnosis? 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 no, 19no  
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 George V. Herriman, M. D.  
(Address) 1107 Bryant Bldg  
Kansas City, 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.

