

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUN 12 1937

19109

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Lean Primary Registration District No. 7  
City Kansas City (No. 722 Gen. Hosp) St. Mo. Ward

File No. 19109  
Registered No. 19109

2. FULL NAME

(a) Residence, No. 418 1/2 E. 9th, apt 305 St. Mo. Ward. 1937  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-37

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

22. I HEREBY CERTIFY, That I attended deceased from 5-20-37, to 5-20-37  
I last saw h alive on 5-20-37, 1937 Death is said to have occurred on the date stated above, at 11:10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-37

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or 9 min.

Prematurity Date of onset 159

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) K.C. (STATE OR COUNTRY) Mo.

Name of operation Date of

13. NAME Edw Geo Hollis

What test confirmed diagnosis? Was there an autopsy? Yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937  
Where did injury occur? (Specify city or town, county, and State)

15. MAIDEN NAME Nileen Wright

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Kansas City Mo. (STATE OR COUNTRY)

17. INFORMANT Reverend Clerk (ADDRESS) 722 Gen. Hosp K.C. Mo.

Number of injury Nature of injury

18. BURIAL, CREMATION OR REMOVAL St. Wash. Burial Home DATE May 22, 37

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER Edw. Sargow Funeral Home (ADDRESS) 711 W. 11th St. Kansas City Mo.

(Signed) O. F. De Maria M. D. M. D. (Address) Supt. K.C. Gen. Hosp

20. FILED May 21, 1937 Registrar M. M. Clark

