

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

Do not use this space.

JUL 10 1937

23006

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township 1st Primary Registration District No. 1002  
City Independence (No. 55 Gen. 1002)

File No. 23006  
Registered No. 05  
St. 1 Ward

2. FULL NAME

(a) Residence, No. 704 E. 23rd 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 Male 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) 6-14-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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) K.C. Mo.

13. NAME Earl Audisley

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

15. MAIDEN NAME Audrey Fair

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

17. INFORMANT (ADDRESS) Reynold Clark, K.C. Agent Hosp K.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beass DATE June 9<sup>th</sup> 1937

19. UNDERTAKER (ADDRESS) Swift and Tolson, 20 W. Beass

20. FILED 7/15 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1937 to 6-14 1937

I last saw him alive on 6-14 1937 Death is said

to have occurred on the date stated above, at 4:20 am

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

Prematurity

Other contributory causes of importance:

Name of operation 159 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. P. De Mara, M. D.

(Address) Supt. K.C. Gen. Hosp.

P. P. De Mara

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.

