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.

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

Do not use this space.

33159

1. PLACE OF DEATH OCT 19 1937

County Jackson

Township Kaw

City Kansas City (No. St Joseph Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1002

File No.

Registered No. 35 C

2. FULL NAME Baby Hanks

(a) Residence, No. 4402 Montgall St., 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1937

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - - -

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.

FATHER

13. NAME Lawrence Hanks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K C Missouri

MOTHER

15. MAIDEN NAME Mary ~~Wallace~~ Lawless

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Missouri

17. INFORMANT Hospital records
(ADDRESS) St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
Mt Hope Sec Sutton Walter
PLACE DATE 19

19. UNDERTAKER Mellody-McGilley-K.C.Mo.
(ADDRESS)

20. FILED Sept 2 1937 M. Morrow
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937, to Aug 30, 1937, I last saw h. alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 8 P m.

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

| | Date of onset |
|---|---|
| Asphyxia - from Toxemia | |
| 1603 | |

Other contributory causes of importance:

Mother toxemia

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) Robert T. Hamilton, M. D.

(Address) 1107 Mysart Bldg