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

NOV 18 1937

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36577 ~~4066~~
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2740 Bellview St. Ward)

2. FULL NAME Infant Hiller
(a) Residence, No. 2740 Bellview 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1937
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, hrs. or 15 min.

OCCUPATION
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): Kansas City Missouri

FATHER
13. NAME: Bernard Hiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Josephine Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Bernard Hiller 2740 Bellview
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Mary's DATE Oct. 5, 1937
19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas
20. FILED Oct 5, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 4, 1937
I last saw him alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 5.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
159	

Other contributory causes of importance:
Premature Separation of Placenta

Name of operation — Date of
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, 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) D. E. A. Burchardt, M. D.
(Address) 3346 Summit K. C. Mo.