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.

JAN 17 1938

1. PLACE OF DEATH Mercy Hospital
County Jackson
Township Kaw
City Kansas City, Mo (No. Mercy Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

File No. 44142
Registered No. 5045

2. FULL NAME Frances Bandy
(a) Residence, No. 4630 E 7th K.C. Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-16-33
7. AGE: YEARS 4 MONTHS 10 DAYS 29 If LESS than 1 day, ...hrs. or ....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. Child
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: Normand Bandy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans
MOTHER
15. MAIDEN NAME: Emma Ring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
17. INFORMANT (ADDRESS): Normand Bandy 4630 714 W. 11th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Dec 17 1937
19. UNDERTAKER (ADDRESS): Rose & Henderson 10 & Jackson
20. FILED Dec 15 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-15, 1937
22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1937, to 12-15, 1937
I last saw her alive on 12-15, 1937. Death is said to have occurred on the date stated above, at 12 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse Myelitis	9-15-37
g/W	
Other contributory causes of importance: Terminal Bronchial Pneumonia	12-13-37

Name of operation ..... 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) C. J. Eldridge, M. D.
(Address) Mercy Hospital
L.V. Salinsky