

JAN 17 1938

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

Do not use this space.

44440

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Trinity-Lutheran Hospital)

File No. _____
Registered No. 95 Ward _____

2. FULL NAME Infant Girl, REISER.

(a) Residence, No. 107 Ward Parkway St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/7/37.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
STILLBORN

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) K.C. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Theodore John REISER

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

MOTHER 15. MAIDEN NAME Frances Jerome BROWN

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

17. INFORMANT Hospital records, (ADDRESS) City.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE _____ 19

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

20. FILED Sept 5 1938 J. M. M. Corne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Premature, 6 mo. macerated foetus probably dead 1 week or less.

Other contributory causes of importance: Mother has peritonitis from ruptured appendix, operated July 19, 1937.

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) J. M. M. Corne M. D.

(Address) Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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