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.

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

Do not use this space.

1. PLACE OF DEATH 17 1938

County Jackson — Registration District No. 399 1

Township Kaw — Primary Registration District No. 1002

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

File No. 44470

Registered No. 142

2. FULL NAME Infl Dulohery

(a) Residence, No. 3000 E 32nd St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE wh

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) Nov 27th 1937

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

OCCUPATION

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 1

FATHER

13. NAME C. F. Dulohery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga 2

MOTHER

15. MAIDEN NAME Elaine Keating

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

17. INFORMANT (ADDRESS) C. F. Dulohery 3000 E 32nd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 11/27/37 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry 2315 Linwood Blvd

20. FILED Nov 28 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/37 19

22. I HEREBY CERTIFY, That I attended deceased from 12/27/37 19 to 12/27/37 19

I last saw h.... alive on 12/27/37 19 Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Prematurity 6 Mo

Date of onset

Other contributory causes of importance:

Name of operation Chronal 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? no

If so, specify

(Signed) [signature] M. D.

(Address) 925 [illegible]