

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. K C Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 1449
Registered No. 137
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2924 Olive 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 7 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) Nov. 26, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
1 12 14

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) KC Mo

13. NAME Merle Black

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

15. MAIDEN NAME Ethel Vinyard

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

17. INFORMANT Reuben Clark (ADDRESS) K C Gen Hosp 1201

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE 1-11-38 19.

19. UNDERTAKER Durk & Tabin Co (ADDRESS) Kansas City Mo

20. FILED Jan-11 1938 M. M. O'Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1938 to 1-9, 1938

I last saw him alive on 1-9, 1938 Death is said

to have occurred on the date stated above, at 6 w o m

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

Diphtheria Date of onset _____

Other contributory causes of importance: _____

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) R. F. De Maria M. D.

(Address) Supt. K C Gen Hosp

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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FEB 18 1937

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N.C. STATE BOARD OF HEALTH