

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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JayPrimary Registration District No. 1002City Kansas City(No. Research Hospital)File No. 5717783

Registered No. _____

St. _____

Ward _____

2. FULL NAME Miss Tertrude La Vine 150(a) Residence, No. 303 Brush Creek Apt. 405 Ward.

(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 female4. COLOR OR RACE white5. 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) Nov 2 1880

7. AGE

YEARS 57MONTHS 11DAYS 12

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

School Nurse

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) Ohio

FATHER

13. NAME Timothy La Vine

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Alice Cocoran16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs. Alice La Vine
303 B.C. Apt. 405

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Feb. 16, 193819. UNDERTAKER (ADDRESS) D. J. Newcome & Sons
302 S. Cass20. FILED 7/16 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

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

I last saw him alive on _____, 19.... Death is said

to have occurred on the date stated above, at 6:15 A. M.

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

Third degree burn of the entire bodyOther contributory causes of importance: 18/15

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 _____

Where did injury occur? 303 Brush Creek Apt. 405

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Fell into hot oil frying water

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.(Address) [Signature]

