

REC'D MAR 17 1938

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

Do not use this space.

6961

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City Independence (No. 420)St. Mo. Ward

2. FULL NAME

(a) Residence, No. 114 So. Fuller 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 Male 4. COLOR OR RACE Wht 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) Feb. 8 - 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) Independence (STATE OR COUNTRY) Missouri13. NAME Harlan W. Glose14. BIRTHPLACE (CITY OR TOWN) Mystic, Iowa (STATE OR COUNTRY)15. MAIDEN NAME Hazel Vanderwood16. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo.17. INFORMANT H. Vanderwood (ADDRESS) Indep. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Maryland Grove DATE 2-9-193819. UNDERTAKER Pat's Speaks, Funeral Home (ADDRESS) Indep. Mo.20. FILED 2-16-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 193822. HEREBY CERTIFY, that I attended deceased from Feb 5, 1938, to Feb 8, 1938I last saw him alive on Stellwin, 19 . Death is saidto have occurred on the date stated above, at 5.55 a. m.

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

Overlapped umbilical cord with asphyxiation Date of onset

Other contributory causes of importance:

Name of operation none Date of What test confirmed diagnosis? none 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? NoIf so, specify (Signed) , M. D.(Address) Independence Mo.

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

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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.

