

RECEIVED APR 23 1938

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

Do not use this space.

9621

File No. _____
Registered No. 1086 Ward _____

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City K.C. Mo. (No. FAIRMOUNT HOSPITAL) St. _____ Ward _____

2. FULL NAME BABY SELF 410

(a) Residence, No. 1414 E 27th 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 FE. 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 6, 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. None
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

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

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MO.

13. NAME ERNEST BROWN

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

15. MAIDEN NAME RUBY SELF

16. BIRTHPLACE (CITY OR TOWN) CLARKSVILLE (STATE OR COUNTRY) ARK.

17. INFORMANT FAIRMOUNT HOSPITAL (ADDRESS) 1414 E 27th

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Mar 9 1938

19. UNDERTAKER C. O. Doshier (ADDRESS) 1415 East 15

20. FILED Mar 9 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:40-3-6, 1938 to 12:15-3-6, 1938
I last saw h.c.r. alive on 3-6, 1938 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Birth Trauma Date of onset 3-6-38
1600
Other contributory causes of importance: Prematurity

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? No
If so, specify _____
(Signed) Pres. Kugel, M. D.
(Address) Fairmount Hospital

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.

