

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 JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Township Rainey

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 17188

Registered No. 1885

St. Mo. Ward 400

2. FULL NAME

(a) Residence, No. Overland Bk. Kans #43

(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

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Infant

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

Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 27, 1938

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)

Kansas

13. NAME

Clyde Hill

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

Kansas

15. MAIDEN NAME

Leona Hill

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

Kansas

17. INFORMANT
(ADDRESS)

Clyde Hill, Overland Bk. Kans

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Crosse Kans DATE 5/5/38

19. UNDERTAKER
(ADDRESS)

Edw. S. Reuther

20. FILED

5-5

1938

Missouri

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., to, 19.....

I last saw the deceased on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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