

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 JUL 12 1938

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

Do not use this space.

21169

1. PLACE OF DEATH

County Jackson

Township Kearney

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No.

Registered No. 2619

St. St. Luke's Hospital Ward 5-20

2. FULL NAME

(a) Residence, No. 5602 Park

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

He

4. COLOR OR RACE

white

5. 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)

Feb. 26 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

4

2

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

OCCUPATION

child

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

Kansas City Mo

13. NAME

Albert Hinshaw

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

Emporia Kans.

15. MAIDEN NAME

Mary N. Burr

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

Kansas City Mo

17. INFORMANT

(ADDRESS)

Albert Hinshaw

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glennwood

DATE

June 30 1938

19. UNDERTAKER

(ADDRESS)

DuNewcomer's Sons

20. FILED

June 30 1938 M. M. Croome

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 10 1937 to June 28 1938

I last saw him alive on June 27 1938 Death is said

to have occurred on the date stated above, at 8:45 am

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

Hydrocephalus, congenital

Date of onset

Other contributory causes of importance:

acute respiratory paralysis 6-28-38

Name of operation Ventriculogram Date of 6-27-38

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.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R. Bachman M. D.

(Address) 730 Professional Bldg

Prof
69-2444
2-4