

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

Do not use this space.

REC'D SEP 19 1938

28133

1. PLACE OF DEATH

County Jackson
 Township Rau
 City Kansas City, Mo. (No. 4776)

Registration District No. 399
 Primary Registration District No. 1007

File No. _____
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4776 Harrison 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as splanner, 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 _____

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

13. NAME Orelan J. Ranney

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

15. MAIDEN NAME Rena M. Puckett

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

17. INFORMANT Orelan J. Ranney
 (ADDRESS) 4776 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Home DATE 7/28/38

19. UNDERTAKER Dr. Max Thompson
 (ADDRESS) 3186 Main St.

20. FILED July 28, 1938 M.M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 27, 1938
 I last saw him alive on 3:19, 1938. Death is said to have occurred on the date stated above, at 3:19 p.m.
 The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset _____

Other contributory causes of importance: Prematurity 5 1/2 hrs.

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? 3
 If so, specify _____
 (Signed) Margaret Jones M. D.
 (Address) 3620 Throck

we 3757 K.C. Mo

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.

3620
St. Mary's
St. Mary's