

NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City, Mo. (No. Research Hospital) St. _____ Ward _____

File No. 34920
Registered No. 4256
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Farley Mo
(Usual place of abode) _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. - mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 14, 1938</u> | | |
| 7. AGE YEARS _____ | MONTHS _____ | DAYS <u>3</u> If LESS than 1 day, _____ hrs. or _____ min. |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation _____ |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>Infant</u> |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Research Hospital, Kansas City, Missouri

FATHER 13. NAME John Edwin Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk, Missouri

MOTHER 15. MAIDEN NAME Pearl Blackwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawsia, Missouri

17. INFORMANT (ADDRESS) DeLores Hildee R.M., Research Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Farley, Missouri DATE Oct. 18, 1938

19. UNDERTAKER (ADDRESS) Helena H. Francis, Farley, Missouri

20. FILED Oct 31, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Oct 17, 1938

I last saw him alive on Oct 17, 1938 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:

Congenital atresia
Esophagus
Pre-mature
Date of onset _____

Other contributory causes of importance: _____

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? _____
If so, specify E. Ernest Salmon
(Signed) _____ M. D.
(Address) 730 Research

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.

