WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 4 1938

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Lukes Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 38243
Registered No. 4477

2. FULL NAME 250 Infant Wood
(a) Residence, No. 5909 El Monte--Johnson Co., Kansas
(Usual place of abode) St. Ward.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - - - - - - -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1938
7. AGE: YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri 0

FATHER
13. NAME Harry Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Jean Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) Harry Wood Johnson Co., Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-16 1938
19. UNDERTAKER (ADDRESS) Gates Funeral Home 41st & State Line
20. FILED Nov. 16 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 15, 1938
I last saw him alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 7 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythroblastosis Foetalis	
Neonatorum	Nov 14-38
18	
120	

Other contributory causes of importance:
Toxemia of Pregnancy in Mother

Name of operation — Date of —
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? yes

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 —
(Signed) Dr Samson Walthall, M. D.
(Address) 233 Playa Medical Bldg