

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.

WES'D JAN 13 1938

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

Do not use this space.

41927

File No. 4993
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital)

2. FULL NAME

(a) Residence, No. Darrell Wesley Law
(Usual place of abode) Osawatomie Kas. St. Ward _____

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Infant</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 20-1938</u>			
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>2</u>
			IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
	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) <u>Kansas City, Mo.</u>			
MOTHER	13. NAME <u>Lawrence E. Law</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clywood, Kans</u>		
	15. MAIDEN NAME <u>Della George McCutchen</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lyndon, Kansas</u>		
17. INFORMANT <u>Lawrence E. Law</u> (ADDRESS) <u>Osawatomie, Kans</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osawatomie, KS</u> DATE <u>Dec. 23, 1938</u>			
19. UNDERTAKER <u>Richard Funeral Home (R.R. 1)</u> (ADDRESS) <u>Osawatomie, Kans</u>			
20. FILED <u>Dec 23, 1938</u> <u>M. M. Crowe</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 27, 1938
I last saw him alive on Dec 27, 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:
Atelectasis Right Lung Date of onset 20
159

Other contributory causes of importance:
17 month premature
Placental previa

Name of operation Cesarian Section Date of 12/20/38
What test confirmed diagnosis Chemical 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) Harold Neal _____, M. D.
(Address) Kansas City, Mo.

