

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.

APR 23 1936

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

Do not use this space.

10887

1. PLACE OF DEATH

County Jackson  
Township Keas  
City Kansas City (No. 7C General Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1562  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Admire Infant

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 3210 Michigan  
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. \_\_\_\_\_  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w.</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>3-22-36</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>6</u> hrs. or _____ min.

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) KC  
(STATE OR COUNTRY) Mo

FATHER

13. NAME Woodrow Admire

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

MOTHER

15. MAIDEN NAME Martha Reinert

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

17. INFORMANT Reverend Clerk  
(ADDRESS) 7C General Hosp

18. BURIAL, CREMATION, OR REMOVAL  
Place Highland Date 3-24-36

19. UNDERTAKER Site P. Kasetina  
(ADDRESS) 7C Mo

20. FILED 3-23 1936 M. M. Crowe, esq  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1935, to 3-22, 1935

I last saw he alive on 3-22, 1935 Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Prematurity

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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 \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) 7C General Hosp

