

OCCUPATION IS VERY IMPORTANT.

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

PLACE OF DEATH
County Jackson
Township Kaw
Village _____
or _____
City Kansas City (NO. 3105 Bell St.: _____ Ward _____)

Registration District No. 399 File No. 1250
Primary Registration District No. 1002 Registered No. 74

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Infant of Cash Churchill

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Wh. SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH Jan 5, 1913
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 1 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE
(City or town, State or foreign country) Kansas City, Mo.

PARENTS
NAME OF FATHER Cash Churchill
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ile.
MAIDEN NAME OF MOTHER Mary L. Sumner
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Sumner

(ADDRESS) 21378 Summit
JAN 6 1913
Filed _____ 1913 W. S. Wheely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 5, 1913, to Jan 5, 1913, that I last saw her alive on Jan 5, 1913, and that death occurred, on the date stated above, at 6 P. M.
The CAUSE OF DEATH was as follows:
Respiration

159
(Duration) _____ yrs. 151 mos. plus ds.

Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. E. Embark M. D.
Jan 6, 1913 (Address) 722 Rawe Park Road

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Jan 6, 1913
UNDERTAKER Ms. P. L. Foster ADDRESS 918 Brooklyn

