

WRITE 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.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 25044
Township Stear Primary Registration District No. 100 Registered No. 3041
City Kansas City (No. Kansas City General Hospital St. _____ Ward)

2. FULL NAME

Marjory Infant
(a) Residence, No. General Hospital St. 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female 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) 7-12-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 3.0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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

FATHER 13. NAME Beryl G. Marford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glennsboro Iowa

MOTHER 15. MAIDEN NAME Belva Milner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrieville Missouri

17. INFORMANT (ADDRESS) Records Clerk Kansas City General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE July 13 1931

19. UNDERTAKER (ADDRESS) John Sheehan 4316 West 2nd Ave Kansas City Mo

20. FILED July 13 1931 3 M. M. Orbome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1931

22. I HEREBY CERTIFY, That I attended deceased from 7-12-1931 to 7-12-1931

I last saw her alive on 7-12-1931 Death is said to have occurred on the date stated above, at 4:00 P.M.

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

prematurity
159 159
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) P. E. Willerson M. D.
(Address) See Hospital KC 2nd

Infant Morford
Leeds