

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

Do not use this space.

36453

1. PLACE OF DEATH

County Lawson Registration District No. 3
Township 2nd Primary Registration District No. 1
City Kansas City No. 100 General Hosp

File No. _____
Registered No. 4363
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3214 Perry St. _____ Ward. _____
(Usual place of abode) (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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S.</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-2-1923</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>5</u> hrs. or <u>5</u> 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) <u>Kansas City</u> (STATE OR COUNTRY) <u>Mo</u>				
MOTHER	13. NAME <u>James Squisdis</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Opree</u> (STATE OR COUNTRY)			
	15. MAIDEN NAME <u>Josephine Fasshender</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Beard Clerk</u> (ADDRESS) <u>100 General Hosp</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds</u> DATE <u>11-7-33</u>				
19. UNDERTAKER <u>Quirk & Tolbin</u> (ADDRESS) <u>Nov 7 33 M. M. Crown</u>				
20. FILED _____ 19 <u>33</u> _____ Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1933 to 11-3, 1933
I last saw h alive on 11-3, 1933 Death is said to have occurred on the date stated above, at 10:00 am.
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? _____

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) J. J. Gentry, M.D.
(Address) 100 General Hosp.

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.

JAN 8 1934

