

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

Do not use this space.

DEC 26 1935

36005

1. PLACE OF DEATH

County Jackson
Township Jaw
City Kansas City, Mo. (No. St. Vincent Hosp.)

Registration District No. 397
Primary Registration District No. 109a

File No. _____
Registered No. 4823
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Vincent Hosp. Ward _____
(Usual place of abode) 3019 East 22nd St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 - 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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, Mo.
13. NAME Frank Bouchard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waternville, Mo.
15. MAIDEN NAME Viola McEddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Dora, Mo.
17. INFORMANT St. Vincent Hosp. (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11-6-35
19. UNDERTAKER Peter B. Legelin (ADDRESS) 536 Campbell
20. FILED Nov 6 1935 M.M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1935
22. I HEREBY CERTIFY, That I attended deceased from 11/4/35, 1935, to 11/5/35, 1935.
I last saw him alive on 11/4/35, 1935. Death is said to have occurred on the date stated above, at 12 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: None.

Name of operation None Date of _____
What test confirmed diagnosis? Chrom. 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? no
If so, specify _____
(Signed) Legelin, M. D.
(Address) 425 4th St. Eldon

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.

