

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

Do not use this space.

JUL 24 1936

23019

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. 1200)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2051
St. _____ (Ward)

2. FULL NAME

Weld Infant
(a) Residence, No. 4003 E. 14th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 6-19-1936 to 6-19-1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-1936

I last saw him alive on 6-19-1936 Death is said to have occurred on the date stated above, at 8:05 PM

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

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

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

Prematurity and Immaturity Date of onset _____

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

Other contributory causes of _____

13. NAME Jaylen Weld

Name of operation none Date of _____

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

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

15. MAIDEN NAME Ellen McMillan

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Deirdre Clark (ADDRESS) 1200 E. 14th St.

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford DATE 6/21 1936

Manner of injury _____

Nature of injury _____

19. UNDERTAKER Charles T. Johnson (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 6/21 1936 M. M. Brown Registrar.

(Signed) J. H. Gammell, M. D.

(Address) 1200 E. 14th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS, if any, in plain terms.

