

FEB 25 1936 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

49478

File No. **139**

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.
 Township 7 Can Primary Registration District No. 02
 City Kansas City (No. KC Gen Hosp) St. Ward)

2. FULL NAME

Emma Infant
 (a) Residence, No. Gen Hosp 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-36

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) K.C. Mo.

MOTHER FATHER
 13. NAME Clarence Fanning

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

15. MAIDEN NAME Una May Deakins

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

17. INFORMANT (ADDRESS) Resident Clerk, KC Hosp

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leads Hill DATE 2-17-36

19. UNDERTAKER (ADDRESS) Quish & Robin

20. FILED 12-19-36 M.M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6-1936 to 12-6-1936

I last saw him alive on 12-6-1936 Death is said to have occurred on the date stated above, at 3:45 PM
 The principal cause of death and related causes of importance were as follows:

Steelmith Date of onset

Other contributory causes of importance:
 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. F. DeMaria, M. D.
 (Address) Sup't KC Gen 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.

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