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.

APR 20 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No. 12112

Township — Primary Registration District No. 3019 — Registered No. 82

City Independence (No. ..... St. ..... Ward)

2. FULL NAME Unnamed Premature Still birth

(a) Residence, No. 123 N. Crysler St. 1 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: Male

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 2-1937

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

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) Independence Mo.

FATHER

13. NAME John R. Blazit

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

MOTHER

15. MAIDEN NAME Martha A. Streeter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platsmouth Nebr.

17. INFORMANT (ADDRESS) Mollie B Streeter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Independence DATE Mch 2 1937

19. UNDERTAKER (ADDRESS) Mollie B Streeter, Indep. Mo.

20. FILED 3-10-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 2, 1937, to ....., 19.....

I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Still birth	
Premature	

Other contributory causes of importance:

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) F. L. Cook, M. D.

(Address) Independence