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.

8052

1. PLACE OF DEATH
County Jackson — Registration District No. 309
Township Kaw — Primary Registration District No. [illegible]
City Kansas City (No. 1125 Troost St. ..... Ward)

File No. 900
Registered No.

2. FULL NAME Alice E. Trow
(a) Residence. No. 1125 Troost 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac B. Trow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 9-1845

7. AGE: Years 81 — Months 11 — Days 24 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

PARENTS
10. NAME OF FATHER: John Blakley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio
12. MAIDEN NAME OF MOTHER: Anna Harney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

14. INFORMANT: Ella A. Zent
(Address) 3123 Woodland

15. FILED 3/2, 1927 M. M. Crowe Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to March 2, 1927 that I last saw her alive on March 1, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
Valvula Heart Disease
934
936
(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) James R. McCoy, M. D.
3/2, 1927 (Address) 802 Medical Arts Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Trenton Mo.
DATE OF BURIAL: 3-4 1927

20. UNDERTAKER: Eylar Bros
ADDRESS: 1800 Linwood

Dr. McDay. 47th Mill Cr. Pkwy Hyde Park 5800
856 W 62 Hiland 1900