

**FEDERAL BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15227

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas city

Registration District No. 399
Primary Registration District No. 1002
(No. 4106 Scavuth ave)

File No. _____
Registered No. 2096
St. 10 Ward

2. FULL NAME

Mary Alice Carr
(a) Residence No. 4106 Scavuth ave, St. 10 Ward.
(Usual place of abode)

Knobnoster Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-25-1851

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>75</u> | <u>4</u> | <u>27</u> | <u>=</u> |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Co Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J S. Muir

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Walter James Carr
(Address) Knobnoster Mo

15. May 27 1927 M. M. Crooke
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1927

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1927 to 5/22/27, 1927 that I last saw h. alive on 5/21/27, 1927 and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial Degeneration

10 (0)
(duration) yrs. mos. 2 ds.
CONTRIBUTORY Pneumonia Lobar
(SECONDARY)
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic

(Signed) J. L. Taffan, M. D.

5/23, 1927 (Address) 4051 Broadway

*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 Knobnoster Mo

DATE OF BURIAL May 23 1927

20. UNDERTAKER Sturgeon & Sons K. C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE shown by dated EXACTLY. PHYSICIANS should state

4933 Westwood Terrace Hp - 3001

4051 Broadway
Westport x Broadway

Westport

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