

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

Do not use this space.

15256

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Pear Primary Registration District No. 1002 Registered No. 2125
 City Kansas City (No. 1329 Van Buren Blvd. St. _____ Ward)

2. FULL NAME

(a) Residence No. 1329 Van Buren 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 | 6 | 21 | — | —

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

9. BIRTHPLACE (CITY OR TOWN) Ills.
 (STATE OR COUNTRY)

10. NAME OF FATHER J. H. Cain

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

12. MAIDEN NAME OF MOTHER Margaret Moneyon

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

14. INFORMANT Chas Wyatt
 (Address) 1329 Van Buren Blvd.

15. May 23, 1927 M. M. Corowe
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1927, to May 21, 1927, and that I last saw her alive on May 21, 1927, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus

59 (duration) 4 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Gastro-Enteritis
 (duration) _____ yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) M. R. Feister, M. D.
May 23, 1927 (Address) 1524 Lister

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 Forest Hill DATE OF BURIAL May 24 1927

20. UNDERTAKER R. V. Lindsey & Son ADDRESS City

At the _____ 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.

