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

Do not use this space.

24292

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3222 Tracy St. Ward)
Registration District No.
Primary Registration District No.
File No. 3079
Registered No.

2. FULL NAME Amanda Matilda Putnam Heist
(a) Residence. No. 3222 Tracy 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. 13 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11 - 6th, 1842

7. AGE: 84 YEARS, MONTHS: 8, DAYS: 28, If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): New York City
(STATE OR COUNTRY): New York

PARENTS
10. NAME OF FATHER: John A. Putnam
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Johnstown
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Diantha Matilda Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Amsterdam
(STATE OR COUNTRY): New York

14. INFORMANT: Mrs W R Dunlap
(Address): 3222 Tracy

15. FILED 8-6, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8 - 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1927, to Aug 4, 1927, that I last saw her alive on Aug 4, 1927, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Congestion
Infeundised by
Inanition
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Hemipeglia
(duration) 1 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 Exam
(Signed) Eugene H. Ferguson, M.D.
8/5, 1927 (Address) 1810 W 45th St

*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: 8/6th 1927

20. UNDERTAKER: The Taylor Funeral Home Inc.
ADDRESS:

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.