

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

Do not use this space.

33431

1. PLACE OF DEATH

County Jackson Registration District No. File No.
 Township Kaw Primary Registration District No. Registered No. 4201
 City Kansas City (No. 4401 East 23rd St.) (Ward)

2. FULL NAME

Mary Belle Rollins
 (a) Residence. No. 4401 East 23rd St. 12th Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Andrew J. Rollins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-9, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 0 25

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)

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

10. NAME OF FATHER From B. McCallum

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

12. MAIDEN NAME OF MOTHER Didama White

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

14. INFORMANT Andrew J. Rollins
 (Address) 4401 E 23rd St.

15. FILED 11-5-27 M M Crowe REGISTRAR
East

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 to Nov 4 1927
 that I last saw her alive on Nov 4, 1927 and that death occurred, on the date stated above, at 12:00 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 93A
Acute myocarditis
Chronic valvular atherosclerosis

CONTRIBUTORY (SECONDARY) Chronic valvular atherosclerosis
 (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRAILED? 1290
 NOT AT PLACE OF DEATH? NO
 DID AN OPERATION PRECEDE DEATH? NO
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) M. J. Greulich M. D.
 (Address) 402 W. Washburn 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 mt Washington DATE OF BURIAL 11-7 1927

20. UNDERTAKER H. H. Newcomer's Sons ADDRESS South E. Mo

A. E.—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.

DEPARTMENT RECORD

402 ~~Winn~~

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