

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

Do not use this space.

37110

4935

1. PLACE OF DEATH

County Jackson
Township Two
City Kansas City (No. St. Louis)

Registration District No. 399
Primary Registration District No. 100

File No. 4935
Registered No. 4935
St. St. Louis Ward Ward

2. FULL NAME

(a) Residence. No. Grandview St. St. Louis Ward Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U.S., if of foreign birth? yrs. 7 mos. 7 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 John Bates
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-26-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
44 9 2 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

John Dyke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Mary Gillette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Minnesota

14.

INFORMANT John Bates
(Address) Grandview Mo

15.

FILED 12-29-27 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1927, to Dec 28, 1927, that I last saw her alive on Dec 28, 1927, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilation of heart.

CONTRIBUTORY

(SECONDARY) Mitral Insufficiency (duration) yrs. 6 mos. 7 ds.?

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Grandview Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. W. Fair, M. D.

12/29, 1927 (Address) 7308 Washington K.C. Mo

*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

DATE OF BURIAL

Better Mo

12-30 1927

20. UNDERTAKER

ADDRESS

E. R. George

Better

N. 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.

