

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. 4882
Registered No. 537
St. _____ Ward _____

2. FULL NAME Margaret De Witt

(a) Residence. No. 3830 Walnut Street St. _____
(Usual place of abode)

Ward. _____
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. ____ mos. ____
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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS MONTHS DAYS
about 60 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher of English

(b) General nature of industry, business, or establishment in which employed (or employer) in Westport High School

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

14. INFORMANT R. J. Gilbert
(Address) 11017 Walnut

15. FILED 7/7/28 M. M. Carmichael
REGISTRAR West

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3 to Feb. 4 1928
that I last saw him alive on Feb. 4 1928, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mesenteric Thrombosis
123A
99A / 1901
(duration) ____ yrs. ____ mos. ____ ds. ____
CONTRIBUTORY (SECONDARY) Supreme of small intestine
(duration) ____ yrs. ____ mos. ____ ds. ____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 4-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Cyrus D. Cantreer M. D.
7/5 1928 (Address) 970 Cherokee Blvd

*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 Edmund Cemetery DATE OF BURIAL Feby 7 1928

20. UNDERTAKER Stine + Mc Clure ADDRESS 924 Oak

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.

Dr. Cyrus D. Gambrell.
920 Chamber Bldg.
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