

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

Do not use this space.

17043

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 2000
 Township Yean Primary Registration District No. 1002 Registered No. 2000
 City Kansas City (No. Kansas City) Genl Hosp St. Mo Ward

2. FULL NAME

Windell Mary
 (a) Residence. No. 132 Charlotte St. 2 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>F. J. Wendell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 1 1878</u>		
7. AGE: YEARS <u>50</u>	MONTHS	DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Nurse</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. J. C. Genl Hosp</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>Don't know</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
12. MAIDEN NAME OF MOTHER <u>Don't know</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-2 1928

17. I HEREBY CERTIFY That I attended deceased from 5-2, 1928 to 5-2, 1928 that I last saw h. or alive on 5-2, 1928 and that death occurred, on the date stated above, at 8:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction
secondary congestive
heart failure

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: no
 DID AN OPERATION PRECEDE DEATH: no DATE OF no
 WAS THERE AN AUTOPSY: no
 WHAT TEST CONFIRMED DIAGNOSIS Clin. Examiner
 (Signed) P. E. Williams, M.D.
5-3, 1928 (Address) Dept 75 C. Genl Hosp

14. INFORMANT Deirda Clark
 (Address) Kansas City Genl Hosp

15. May 4 1928 M. M. Crowne
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leads DATE OF BURIAL 5/4 1928

20. UNDERTAKER Mast ADDRESS 1915 East 45

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

