

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

Do not use this space.

17108

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (Name)

Registration District No. 399  
Special Registration District No. 1822 E. 10th Street

File No. \_\_\_\_\_  
Registered No. 478  
St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

(a) Residence. No. 1822 E. 10th 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	38	4	76	

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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Lawrence Ank

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

12. MAIDEN NAME OF MOTHER Elmer Scott

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

14. INFORMANT Edward Wright  
(Address) 1822 E 10th

15. May 9, 1928 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/6 1928

17. I HEREBY CERTIFY That I attended deceased from May 13, 1928, to May 6, 1928, that I last saw her alive on May 5, 1928, and that death occurred, on the date stated above, at 9:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Insufficiency  
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension  
(duration) yrs. unk. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? fluid count  
(Signed) W. P. Maddux, M.D.  
, 1928 (Address) 1518 E. 11th

\*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 Highland DATE OF BURIAL 5/10 1928

20. UNDERTAKER Hatkins Bros 1729 Lydia 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.

EVERY ITEM OF INFORMATION IS A PERMANENT RECORD

Maddox.