

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

Do not use this space.

17187

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp. Blue Primary Registration District No. 1007
 City Kansas City (No. East Side Slope) St. ... Ward) ...

2. FULL NAME

(a) Residence. No. 2318 Forest Ward. ...
 (Usual place of abode) (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 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) May 13, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or 30 min.
0 | 0 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER B. H. MacDaniel

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

12. MAIDEN NAME OF MOTHER Ray Nelson

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

14. INFORMANT B. H. MacDaniel
 (Address) 2318 Forest Indp. Mo

15. FILED 5/16 21 M.M. Conner
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1928

17. I HEREBY CERTIFY, That I attended deceased from May 13 1928 to May 13 1928.
 that I last saw her alive on May 13 1928, and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
157D Pulmonary Stenosis
161A (duration) yrs. mos. ds. 8 mo
 CONTRIBUTORY Premature birth 8 months ad
 (SECONDARY) in this with albuminuria (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ✓

DID AN OPERATION PRECEDE DEATH: No DATE OF ...

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: ix

(Signed) D. W. Martin, M. D.

57.4, 1928 (Address) 68 to Wash Pk 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 DATE OF BURIAL

Woodlawn Cemetery 5/14 1928

20. UNDERTAKER

C. D. Pearson & Son Independence

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.

