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

Do not use this space.

33613

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 4153
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City 3202 Central St. Ward)

2. FULL NAME Mrs. Emma Maxwell
(a) Residence. No. 3202 Central St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	11	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William Van Horn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

14. INFORMANT Miss Grace Maxwell
(Address) 3202 Central

15. FILED 10/12, 1928 M. M. Crowe
Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 11, 1928 that I last saw her alive on Oct. 11, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac insufficiency 1 yr.

90% (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Gastritis & Senility

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Symptom
(Signed) John L. Robinson M. D
10-12-1928 (Address) 510 Altman Bldg

*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 St. Joseph, Mo.
DATE OF BURIAL 10-15 1928

20. UNDERTAKER D W Newcomer's Sons
ADDRESS K.C. Mo.

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.

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