Brown 4380

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

Do not use this space.

33655

File No. ..... Registered No. 95

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Sni — Primary Registration District No.: 1002
City: Kansas City (No.) 1615 Forest St. ..... Ward)

2. FULL NAME: Mary Land
(a) Residence. No. 1615 Forest St., 4 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: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 26-1876

7. AGE — YEARS: 52 — MONTHS: 5 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(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): Missouri

PARENTS
10. NAME OF FATHER: Wm Washington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Angie —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: Juanita Land
(Address): 1615 Forest.

15. FILED 10/15, 19 28 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 19 ....., to Oct. 14 1928 that I last saw h... alive on Oct. 12, 1928 and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatic Cirrhosis
1 yr B/ 2 yr B/ Liver
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ascites
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? Paracentesis
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Bowel
(Signed) [illegible], M. D
10/15, 19 28 (Address) 1512 N. 5th St

*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 Cem. — DATE OF BURIAL: Oct 16 1928

20. UNDERTAKER: Mitchus Bros — ADDRESS: 1729 Lydia

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.

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

D. H. Thompson
1867.