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.

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

Do not use this space.

40577

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 4054

Township: Kaw — Primary Registration District No. 1002 — Registered No. 4551

City: K.C. Mo. (No. 1315 Benton Blvd St. ..... Ward)

2. FULL NAME Remmi Alice McDowell

(a) Residence. No. 1315 Benton Blvd St. 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: White

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) Jan-13-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	10	24	

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) Mo.

PARENTS

10. NAME OF FATHER: Kiry Jones

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

12. MAIDEN NAME OF MOTHER: Fannie Cook

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

14. INFORMANT: Dual Cook
(Address) 1613 Hedges St. Maywood

15. FILED 12/7, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 28 ~~Dec 7~~, 1928, to Dec 7, 1928 that I last saw h..... alive on Dec 7, 1928, and that death occurred, on the date stated above, at 9:20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency 92A 102

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

CONTRIBUTORY (SECONDARY) High Blood pressure

(duration) 5 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? Clinical diagnosis

(Signed) C. S. Dodd, M. D.

12/7, 1928 (Address) 3210 E. 15th Kansas City Mo

*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: California, Mo.

DATE OF BURIAL: 12-8, 1928

20. UNDERTAKER: Mrs. C. L. Forster

ADDRESS: K.C. Mo.

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Be 4050