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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40603

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 4077
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 3436 Benton St. ..... Ward)

2. FULL NAME Mary Belle Spicer
(a) Residence. No. 3436 Benton St. 4 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 wh
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) July 8, 1853
7. AGE Years 75 Months 4 Days 29 If LESS than 1 day, ... hrs. or ..... min.
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) Peoria, Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Levi Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ashford Conn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ludica Sebastian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville Ky.
(STATE OR COUNTRY)

14. INFORMANT D. L. Spicer
(Address) 3436 Benton

15. FILED 12-8, 1928 M M Crowl asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 12/7/, 1928, to 12/7/, 1928 that I last saw her alive on 12/7/, 1928, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
74A1 82A 97
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. G. Potter, M. D
12/7/, 1928 (Address) 513 Commerce 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 Shelbina, Mo. — DATE OF BURIAL Dec. 8 1928
20. UNDERTAKER D. H. Newcomer's Sons K.C., Mo. — ADDRESS