

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

Do not use this space.

41052

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1217 West 38th St.)

Registration District No. 299
Primary Registration District No. _____

File No. _____
Registered No. 3423
St. _____ Ward) _____

2. FULL NAME

Mrs. Salina Evelyn Jeffress

(a) Residence No. 1217 W. 38th St. Ward 5
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Nov. 4, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Newry Whitlock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Missouri

14. INFORMANT S. J. Jeffress
(Address) 1217 W. 38th St.

15. FILE NO. 12-26-28 M. M. Crowe
REGISTRAR aspt

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1928
17. _____

HEREBY CERTIFY, That I attended deceased from Oct 1st 1927 to Dec 26 1928
that I last saw h. e. alive on Dec 5 1927, and that death occurred, on the date stated above, at 5:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

936. _____ (duration) 4 yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) Hypertensive Pneumonia
Sroncho (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) R. C. Melcher, M. D.
12/26, 1928 (Address) 728 Angell Bldg KC 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 Forest Hill DATE OF BURIAL 12-27-1928

20. UNDERTAKER Thuman Mortuary ADDRESS 104 W. 47

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.

1
157 R 62 | 157 R 62

728 Argyle Blk

" " after 2 P.M.