

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

Do not use this space.

1604

1. PLACE OF DEATH

County Jackson
 Township Law
 City Kansas City (No. 444 N. Lawnside St. 8 Ward)

Registration District No. 399

Primary Registration District No. 2002

File No. 195

Registered No. 195

2. FULL NAME

Mary E. Hapke
 (a) Residence. No. 444 N. Lawnside St. 10 Ward.
 (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

Female

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1832

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or mins.

96

8

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework 131

(b) General nature of industry, business, or establishment in which employed (or employer)

98

(c) Name of employer

10

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Rubin Forbes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Malaba Mathis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT

(Address)

Mrs. Beck
444 N. Lawnside

15.

FILED

1-14-29 M. M. Cove
asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 13 1929

17.

I HEREBY CERTIFY That I attended deceased from Jun 4 to Jun 13 1929
 that I last saw him alive on Jun 7 1929, and that death occurred, on the date stated above at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Endo Carditis

CONTRIBUTORY (SECONDARY)

Senility & Hypertension
Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Her Home

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? No DATE OF Jun 13 1929

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS? Labatory

(Signed) M. M. Cove (Address) 115 N. 9th St. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

mt Hape R.E. Co

1-14-29

20. UNDERTAKER

ADDRESS

Butler & son

R.E. Co

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.

THIS IS A PERMANENT RECORD

262
1
2
2

