

May 22, 1854

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1806

398

1. PLACE OF DEATH

County Jackson
 Township Law
 City Kansas City (No. 1208 & 23rd)

Registration District No. 399Primary Registration District No. 1002

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Maribeth Raymond
 (a) Residence. No. 1208 & 23rd 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe.

4. COLOR OR RACE

Col.

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

Married

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

J. J. Redmond

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 22, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

7484

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 employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Baton Canton

(STATE OR COUNTRY)

Miss

10. NAME OF FATHER

George Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT
(Address)Ellen T. Torrance
1208 & 23rd St.

15.

FILED

1/26, 1929 M. M. Crome
Asst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1/26 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-23- 1929, to 1-26- 1929
 that I last saw her alive on 1-26- 1929, and the
 death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50.Coronary Atherosclerosis(duration) 20 yrs. mos. da.CONTRIBUTORY
(SECONDARY)47

(duration) yrs. mos. da.

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?

(Signed) H. M. A. Smith1/26, 1929 (Address) 2220 Vine

*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

DATE OF BURIAL

Poplar Bluff Mo1/26 1929

20. UNDERTAKER

ADDRESS

Hathings Bros.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.

DECEASED RECORD

H. M. Smith. 2220 Vine.