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

Do not use this space.

1912

1. PLACE OF DEATH — Registration District No. 399
County Jackson — Primary Registration District No. 1002 — File No. D 505
Township Kansas — Registered No.
City Kansas City (No. Kansas City Gen'l Hosp St. Ward)

2. FULL NAME Cherry Emma
(a) Residence. No. 2135 Summit St., 3 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Wm. Cherry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	53			

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) Unk
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Unk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unk
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk
(STATE OR COUNTRY)

14. INFORMANT Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 2-1, 1929 M M Grove REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 1-31, 1929, that I last saw her alive on 1-31, 1929, and that death occurred, on the date stated above, at 6:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
And Chronic Nephritis
1-31
Apoc (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O E Williams, M. D
1-31, 1929 (Address) Supt K. C. Gen'l Hosp.

*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: Leeds — DATE OF BURIAL: 2-1 1929

20. UNDERTAKER O. V. Mast — ADDRESS Lee's Summit, Mo

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.

[illegible]
[illegible]
[illegible]