

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

Do not use this space.

1919

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 1019 Michigan Ave.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 513  
Registered No. 513 (Ward)

**2. FULL NAME**

(a) Residence. No. 1019 Michigan Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 2 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 2 5 — — —

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Texas

10. NAME OF FATHER Albert Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas  
(STATE OR COUNTRY)

14. INFORMATION (Address) Isaac Mayo  
1019 Michigan

15. FILE NO. 2-1-29 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30, 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 16 1929 to Jan 30 1929  
(that I last saw him alive on Jan 29 1929, and that death occurred, on the date stated above.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremia  
Chronic nephritis  
CONTRIBUTORY (SECONDARY) Chronic Nephritis  
hypertension (duration) yrs. mos. ds. 12  
chronic nephritis (duration) yrs. mos. ds. 12

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH, DATE OF Jan 16

DID AN OPERATION PRECEDE DEATH? No

WAS THERE AN AUTOPSY? No

WHO TESTED CONFIRMED DIAGNOSIS? Clinical  
(Signed) Chas. H. Henshaw M. D.

(Address) 1524 E 18th

\*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 West Lawn DATE OF BURIAL Feb. 2, 1929

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12th

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.

