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.

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

Do not use this space.

6595

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 760
Township Raw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 5436 East 29th St. Ward)

2. FULL NAME Mary L. Church
(a) Residence. No. 5436 E. 29th St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
70	5	21	

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

2 33

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

2

PARENTS

10. NAME OF FATHER Hiram Stratton

2

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

12. MAIDEN NAME OF MOTHER Unknown

2

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

14. INFORMANT George W. Church
(Address) 5436 East 29th

15. FILED 2-15, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929.

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1925, to 2-14, 1929 that I last saw her alive on Feb 6 10 a. 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
aortic incompetency
131
92A
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Allen L. Hearst, M. D
2-15, 1929 (Address) 122 Chambers Bldg

*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 Elmwood — DATE OF BURIAL Feb. 16 1929

20. UNDERTAKER H W Newcomers — ADDRESS Sons K. C. Mo.