

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

Do not use this space.

10780

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1217 East 31st St.)
 File No. _____ Registered No. 1289
 St. _____ Ward _____

2. FULL NAME Sytha Jane Crampton
1217 East 31st
 (a) Residence No. _____ St. 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 1st 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 12³⁵ 19¹⁵
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasanton
 (STATE OR COUNTRY) Kansas
 10. NAME OF FATHER Wesley Bennett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Martha Awtry
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs. John A. Fleming
 (Address) 1217 East 31st St.
 15. FILED 3/15 1929 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1929, to Mar 14 1929
 that I last saw her alive on Mar 14 1929, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis of liver (duration) yrs. 4 mos. ds.
 CONTRIBUTORY Arterio-sclerosis (SECONDARY) (duration) yrs. 5 mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 1217 E 31st
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
 (Signed) E. H. Slesinger, M. D.
3/15 1929 (Address) 1235 Riatta Bldg K.C.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Park, K.C. Kan DATE OF BURIAL 3/16/29
 20. UNDERTAKER The Taylor Funeral Home ADDRESS Kans City Mo.

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.

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