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

Do not use this space.

10953

File No. 11003

Registered No. 1514

**1. PLACE OF DEATH**

County: Jackson — Registration District No.:

Township: Kaw — Primary Registration District No.:

City: Kansas City (No. 4129 Belleview St. Ward)

**2. FULL NAME** Melinda L. Wolcott

(a) Residence. No. 4129 Belleview, Kansas City, Mo Ward. 15
(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 | Widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1847

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 10 | 8 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Indiana

PARENTS

10. NAME OF FATHER: Seldon C. Brainard

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

12. MAIDEN NAME OF MOTHER: Mary Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY): Ashtown

14. INFORMANT: Mrs C. Brainard
(Address): 810 Kensington

15. FILED 3/27, 1929 M. M. Crowe
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/22, 1929, to 3/25, 1929, that I last saw her alive on 3/25, 1929, and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis with Chronic Myocarditis (duration) indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Decompensation (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. L. Terry, M. D.

3/26, 1929 (Address) 337 La Grande 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 | DATE OF BURIAL |
|---|---|
| Elmwood | 3/27 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| R. Lindsey & Son | Kansas 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.