

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

Do not use this space

14958  
2003

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1008  
City Kansas City No. 3533 St. 13 Ward 13

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 3533 Paseo St. 13 Ward 13  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	21	1	11	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Fidelity Bank  
(b) General nature of industry, business, or establishment in which employed (or employer) City Collector  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Andrew F. Bain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Maggie M. Foley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

14. INFORMANT Andrew F. Bain  
(Address) 3533 Paseo

15. FILED 4/30 19 29 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1929  
17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1929, to Apr 29, 1929 that I last saw h. l alive on Apr 29, 1929, and that death occurred, on the date stated above, at 6:35 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Acute tuberculosis of  
breast  
infection

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Paul U. O'P... M. D.

\*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.  
4/30 1924 (Address) 336 Lathrop

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL 5/2 1929

20. UNDERTAKER St. Newcomer's ADDRESS KC Mo.

WRITE MAINLY, 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.

25-2

336 Lathrop  
Via 1010.  
1:30 - 5:30