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

Do not use this space. 18188 2233

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Hon — Primary Registration District No. 1002

City Kansas City — (No. 5121 Grand Ave St. Ward)

File No. ..... Registered No. .....

2. FULL NAME Mary Ellen Motley

(a) Residence. No. 5121 Grand ave St., 6 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 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: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marion E. Motley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 5 - 1844

7. AGE: Years 84 — Months 9 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Lincoln County, Missouri

PARENTS

10. NAME OF FATHER: Richard Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Lincoln County, Mo.

12. MAIDEN NAME OF MOTHER: Mary Allen Duncan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Lincoln County, Mo.

14. INFORMANT: C. J. Mullen M.D. (Address) 1034 Rialto Bldg

15. FILED 5/15, 1929 M. M. Crowe asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1929, to May 15, 1929, that I last saw her alive on May 15, 1929, and that death occurred, on the date stated above, at 9.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of lungs - myocarditis

93C

97

111B

6 hrs

903

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Myocarditis + arteriosclerosis

(duration) Sev yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ctl Clinical Findings

(Signed) C. J. Mullen M.D.

5/15, 1929 (Address) 1034 Rialto 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: Bowling Green, Missouri — DATE OF BURIAL: May 17 1929

20. UNDERTAKER: Grace Bankhead — ADDRESS: Bowling Green, Mo.

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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