

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

Do not use this space.

18340
2385

1. PLACE OF DEATH

County Jackson
Township Kan
City K.C. Mo.

Registration District No. 1002
Primary Registration District No. Wheatley Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Pauline Larry
(a) Residence. No. 1819 E. 16th St St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maids work
(b) General nature of industry, business, or establishment in which employed (or employer) Mercer Hotel
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jim Daniels

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

12. MAIDEN NAME OF MOTHER Media McHenderson

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

14. INFORMANT Paul Jefferson
(Address) 1819 E. 16th Apt. E. 16th

15. FILED 5/24 1929 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 16 1929 to May 22 1929 that I last saw her alive on May 23 1929, and that death occurred, on the date stated above, at 2:35 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhage
54B
103B (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) Felicit - uterus
(duration) yrs. mos. ds. 1 yr

18. WHERE WAS DISEASE CONTRACTED Hospital

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH. Yes DATE OF May 21 1929

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Chas. A. ... M. D.

(Address) 5-22 1929 (Address) 5-20 E 18th St. Mo

*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 Sedalia Mo DATE OF BURIAL 5-26 1929

20. UNDERTAKER Flynn + Greenstreet ADDRESS K.C. Mo.

WRITE FULLY, 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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22
1735

