Mrs Eastwood

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

Do not use this space.

24584

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2995
Township N Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Wesley Hospt. St. Ward)

2. FULL NAME Mary O. Eastwood
(a) Residence. No. 505 Montgall St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joel L. Eastwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 19, 1858

7. AGE: Years 71 — Months 2 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): Iowa

PARENTS
10. NAME OF FATHER: Andrew Daniel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Lane E.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Wilbur Eastwood
(Address) 3635 Garfield

15. FILED 7/9, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1929

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to July 8, 1929, that I last saw him alive on July 8, 1929, and that death occurred, on the date stated above, at 12 40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia G Liver

Indefinite (duration) yrs. 3-6? mos. ds.

CONTRIBUTORY (SECONDARY): Glomerulo Nephritis

Indefinite (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 6-1929
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Inoculation
(Signed) Dr. H. J. Wittenberg M.D.
7/9, 1929 (Address) 3447 Prospect

*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: Forest Hill — DATE OF BURIAL: July 10 1929

20. UNDERTAKER: D. W. Newcomer's Sons — ADDRESS: K.C., 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.

THIS IS A PERMANENT RECORD

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