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.

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

Do not use this space.

24718

399

1. PLACE OF DEATH
County JACKSON — Registration District No. 1002 — File No. 3130
Township KAW — Primary Registration District No. — Registered No.
City KANSAS (No. GEN'L #2 24TH & CHERRY St. F Ward)

2. FULL NAME BIBLE, MINNIE
(a) Residence. No. 14 E 56th St., 8 Ward.
(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: FEMALE
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-12-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
32	9	4	

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

9. BIRTHPLACE (CITY OR TOWN) DALLAS
(STATE OR COUNTRY) TEXAS

PARENTS
10. NAME OF FATHER JOHN DAVIS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA
12. MAIDEN NAME OF MOTHER AUGUSTA ROBERTS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) TEXAS.

14. INFORMANT RECORD CLERK
(Address) GEN'L. HOSPITAL #2

15. FILED 7/19, 1929 M M Clowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16 1929

17. I HEREBY CERTIFY, That I attended deceased from JULY 6, 1929, to 7-16, 1929 that I last saw her alive on 16, 1929, and that death occurred, on the date stated above, at 11:58 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
LOBAR PNEUMONIA
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) POST OPERATIVE
Non malignant fibroid tumor uterus (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? YES DATE OF 7-11-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. SMITH, M. D.
7/17, 1929 (Address) GENERAL HOSPITAL #2

*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: Dallas Tex — DATE OF BURIAL: 7-19 1929

20. UNDERTAKER: H. B. Moore — ADDRESS: 1820 E 18th