

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

Do not use this space.

28016

3712

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kearney Primary Registration District No. _____
City Kansas City (No. Kansas City Gene Hosp) _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence. No. 1119 Norton St., 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-30 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 8-10 1929 to 8-30 1929 that I last saw her alive on 8-30 1929, and that death occurred, on the date stated above, at 3:00 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE about YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Cerebral Thrombosis

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

8 P.M. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 74001 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Dont Snow (STATE OR COUNTRY)

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

10. NAME OF FATHER Dont Snow

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Dont Snow

WHAT TEST CONFIRMED DIAGNOSIS? clin & microscopy
(Signed) P. C. Williams M. D.

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

(Address) Subt K.C. Gene Hosp

*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

14. INFORMANT Rebecca Clark (Address) Kansas City Gene Hosp

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph Kansas DATE OF BURIAL 9-2-29

15. FILED 9-1-29 M. M. Cadore REGISTRAR asst

20. UNDERTAKER F. P. Donnell Co ADDRESS 3756 Rdwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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