

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

Do not use this space.

12881

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Raw Primary Registration District No. 1002

City Kansas City No. 1209 Ward Garfield

File No. 1030

Registered No. 1030

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1209 Garfield St. 2 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

Col.

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)

Mar. 26, 1892

7. AGE

YEARS
38

MONTHS

MONTHS
25

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Texas

10. NAME OF FATHER

James M. Nair

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

12. MAIDEN NAME OF MOTHER

Adeline Wade

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

14.

INFORMANT (Address)

Leola Arline Stuart, 1209 Garfield

15.

FILED

4/25, 1930

M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4/21 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 3, 1930 to Apr 21, 1930 that I last saw her alive on Apr 21, 1930 and that death occurred, on the date stated above, at 6:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum
450
1930

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Senile Bronchitis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH _____ D. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edmund S. Sisson _____, M. D.

4/25, 1930 (Address) 715 Myrtle St

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Highland Cem

4/26 1930

20. UNDERTAKER

ADDRESS

Hatkins Bros, 1729 Lydia

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.

d. enteric diarrhea

Resh.