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.

16259

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2[illegible]
City Kansas City (No. 622 West 69th St. Terrace St. Ward)

2. FULL NAME Susan K. Homes
(a) Residence. No. 622 West 69th St. Terrace 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 9, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	6	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home 152E
(b) General nature of industry, business, or establishment in which employed (or employer) 93B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Crabster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Max R. Orthwein
(Address) 622 West 69th St. Ter

15. FILED 5/21, 1930 M. M. Crowe Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-20, 1930, to 5-20, 1930 that I last saw her alive on 5-20, 1930, and that death occurred, on the date stated above, at 5:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Acute

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Cervical abscess

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-20-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Pericarditis of pus
(Signed) J. L. Owens, M. D.
5/21, 1930 (Address) 717 Huckert Bldg

*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: St. Louis, Mo — DATE OF BURIAL: 5-21 1930

20. UNDERTAKER: Steve & McClure — ADDRESS 3235 Gillham Pla