JUN 25

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

Do not use this space.

16441

File No.
Registered No. 30

1. PLACE OF DEATH

County Jackson Registration District No. 4041
Township Kaw Washington Primary Registration District No. 3388
City Kansas City Mo. (No. 2005 East 81st Street St. Ward)

2. FULL NAME Mrs Dora E Twining

(a) Residence. No. 2005 East 81st Street St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-62-	-2-	-19-	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Wis.

PARENTS

10. NAME OF FATHER Henry L. Twining
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N.Y.
12. MAIDEN NAME OF MOTHER Mary C. McCullick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.

14. INFORMANT John P. Twining
(Address) 2005 East 81st

15. FILED 5-27, 1930 B.F. Drummond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-22-30, 19, to 5-26-30, 19, that I last saw h.e.w. alive on 5-26-30, 19, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-Sclerosis
82A
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Leon Jones, M. D.
5/27/30 (Address) 80 4th Paseo

*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 Fontana Kans
DATE OF BURIAL May 28th 193

20. UNDERTAKER Gates Funeral Home
ADDRESS K.C.Kans

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.