

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

Do not use this space.

19530

**1. PLACE OF DEATH**

Country Jackson  
Township Law  
City Kansas City (No. 1902)

Registration District No. 399

File No. 2531

Registered No. 2531

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. 2940 B. Belleview St. 3 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1872

7. AGE YEARS MONTHS DAYS 57 11 20 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) Missouri

10. NAME OF FATHER Samuel Halke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No.

12. MAIDEN NAME OF MOTHER Caroline Pollard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No.

14. INFORMANT Caroline Wilson (Address) Rt 2940 Belleview

15. FILED 4/17 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/15 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-11-1930, 1930, to 6-15-1930, 1930 that I last saw her alive on 6-15-1930 and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Parenchymatous nephritis  
92A  
130 (duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Intestinal infarction (duration) \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 2940 Belleview

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab. Exam. (Signed) J. H. Bruce M. D.

6-16-1930 (Address) 1518 E. 18th 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hyland & Co. DATE OF BURIAL 6/17 1930

20. UNDERTAKER Hatkins Bros. ADDRESS 1729 Lydia

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.

