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

Do not use this space.

22747

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. 3511 Askew St. ... Ward)

File No. ...

Registered No. 2734

2. FULL NAME: Stella Mae Wilcox

(a) Residence. No. 3511 Askew St., 16 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)
Fe	Wh	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank M. Wilcox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 19 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	52	8	12	

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) Ohio

PARENTS

10. NAME OF FATHER: Christopher Ballard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER: Mary Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT: Frank M. Wilcox

(Address) 3511 Askew

15. FILED 7/2, 19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 1, 19 30 to July 1, 19 30 that I last saw her alive on July 1, 19 30 and that death occurred, on the date stated above at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Sepsis

4 hr

3 hr

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

CONTRIBUTORY (SECONDARY): Cancer Stomach

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? McCullagh & Obstetrician

(Signed) Robert M. Snuck, M.D.

7/2, 19 30 (Address) 508 Emalen Tower

*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: Mt. Moriah — DATE OF BURIAL: July 3 19 30

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.K.