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

Do not use this space.

23160

File No. 3155

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1721 Agnes St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mollie Julius
(a) Residence. No. 1721 Agnes St., 11 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 Fe.
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 1, 1865
7. AGE Years 65 Months 4 Days 28 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(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) Georgia

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Eliza Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT Charity Murray
(Address) 1721 Agnes
15. FILED 7/30, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/29 1930
17. I HEREBY CERTIFY, That I attended deceased from June 19, 1930 to July 28, 1930 that I last saw her alive on July 28, 1930 and that death occurred, on the date stated above, at 10:04 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
97
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Arteriosclerosis
(duration) yrs. 1 mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED? 7461
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. W. Allentan, M. D.
July 29, 1930 (Address) K.C. Mo

*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 Westlawn
DATE OF BURIAL 7/31 1930
20. UNDERTAKER Watkins Bros
ADDRESS 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.