

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

Do not use this space.

26584

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township North Primary Registration District No. 1002  
 City Kansas City (No. St. Mary's Hospital)  
 File No. 3172  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ethel Marie Flicker  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Horton Kansas  
 (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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 21 = 1897  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
32 11 10  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housework 92  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 92  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/1 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 7/31/30  
 \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him alive on 8/1 1930 and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Stenosis  
Probably from Heart (duration) 15 yrs. mos. ds.  
 CONTRIBUTORY and dilatation (SECONDARY)  
of aortic (duration) \_\_\_\_\_ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwains Kansas  
 10. NAME OF FATHER John A. Hays  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas  
 12. MAIDEN NAME OF MOTHER Fannie Saunders  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

18. WERE THERE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Home  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. H. Steinabend, M. D.  
8/1 1930 (Address) 821 Oggle Bldg.  
 \*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs John A. Hays  
 (Address) Horton Kansas  
 15. FILED 8/1 1930 M. M. Crowe  
 \_\_\_\_\_  
 \_\_\_\_\_ REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Horton Kansas DATE OF BURIAL August 4 1930  
 20. UNDERTAKER John J. Sheehan ADDRESS K. C. Mc

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

