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

Do not use this space

26827

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 26827

Township Kaw — Primary Registration District No. 1002 — Registered No. 3432

City Kansas City (No. 53rd and Highland St. Ward)

2. FULL NAME Mary Chalk

(a) Residence. No. 53 Highland av St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1930 yrs. Aug. mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: Geo W. Chalk ~~Widowed~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4th 1861

7. AGE: 69 — YEARS: 1 1 — MONTHS: 15 — DAYS: 45 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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): Penn

PARENTS

10. NAME OF FATHER: Tiros Schaeffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

12. MAIDEN NAME OF MOTHER: Esther Laborde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Little Sisters of the Poor (Address) 53rd Highland av

15. FILED 8/19 1930 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Aug 19, 1930 that I last saw her alive on Aug 17, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

82 R

99

(duration) 5 days yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

8/19 (Signed) Paul V. O'Rourke, M.D.

1930 (Address) 326 Lathrop

*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 Hope Cemetery — DATE OF BURIAL: Aug 20 1930

20. UNDERTAKER: Quirk and Tobin — ADDRESS: 20 H Linwood

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.