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

Do not use this space.

29842

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 30-9 36464
Township Kansas — Primary Registration District No. — Registered No.
City Kansas City Mo (No. General Hospital #2 St. Ward)

2. FULL NAME Mary Blount
(a) Residence. No. 3521 Baltimore Ave 5 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)
Female	Negress	married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Richard Blount Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July mh 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
34		2	mh	

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) La
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lincoln West Morland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) La
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Laura Welch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La.
(STATE OR COUNTRY)

14. INFORMANT Richard Blount
(Address) 3521 Baltimore Ave

15. FILED 9/5 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1930, to Sept 3, 1930, that I last saw h 10 PM alive on Sept 3, 1930, and that death occurred, on the date stated above, at 11 P.M. m.

152 THE CAUSE OF DEATH* WAS AS FOLLOWS:
36 Pyemia
133 Retroperitoneal Abscess
Non-Tuberculous
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Possible Pyelitis
(duration) yrs. mos. ds.

1310

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF no
WAS THERE AN AUTOPSY? yes Autopsy
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. M. Miller, M. D.
9/4, 1930 (Address) Gen Hospt. No 2

*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	DATE OF BURIAL
Natchitoches La.	Sept. 5 1930
20. UNDERTAKER	ADDRESS
West, Appleton & Jones	1600 E. 19th St

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.