

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

Do not use this space.

32818

1. PLACE OF DEATH

County Jackson
Township Kan. T.
City Kansas City, Mo. (No. 3424 Central)

Registration District No. 1002
Primary Registration District No. 3424 Central

File No. 4042
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Georgiana Mc Bride
(a) Residence. No. 3424 Central St. 5 Ward.

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. P. Mc Bride

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 - 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>8</u>	<u>9</u>	

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) Marshall
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Martha Borgert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

14. INFORMANT Miss Gula Jager
(Address) 3424 Central St

15. FILED 10/5 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 - 1930
17. a I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to Oct 4, 1930, that I last saw him alive on Oct 3, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
10 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) 5 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? Clinical
(Signed) J. W. Broughman, M. D.
10 5, 1930 (Address) 1032 Prof Bedg

*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 St Aborrah Cem DATE OF BURIAL Oct 6 - 1930

20. UNDERTAKER John W Wagner ADDRESS _____

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

