

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

Do not use this space.

**33164**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 3062  
 City Kansas City (No. 1225) Passo St. 2 Ward

File No. \_\_\_\_\_  
 Registered No. 10207  
 St. \_\_\_\_\_ Ward

**2. FULL NAME**

(a) Residence. No. 1225 Passo St. 2 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
17 6 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. School girl  
 (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) Oklahoma

10. NAME OF FATHER William Madden

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

12. MAIDEN NAME OF MOTHER Goldie Hubbard

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

14. INFORMANT William Madden (Address) 1225 Passo

15. FILED 10/30 1930 M. M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/28 1930

17. I HEREBY CERTIFY, That I attended deceased from left 3 1930, to Oct 28 1930 that I last saw her alive on Oct 25 1930 and that death occurred, on the date stated above, at 10:40 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary TB  
 (duration) ..... yrs. 1 mos. 26 ds.

CONTRIBUTORY (SECONDARY) ST  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

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. Brown M. D.

(Address) 1705 E 12

\*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 Nowata Okla DATE OF BURIAL 10/30 1930

20. URBERTAKER Alkins 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.

G. H. Brown.