

NOV 24 1930

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

Do not use this space.

33224

1. PLACE OF DEATH

County Jackson
Township Prairie
City (No.)

Registration District No. H00
Primary Registration District No. 355 B

File No.
Registered No. 127
St. Ward)

2. FULL NAME Jane Millard

(a) Residence. N. Jackson County Home St. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-21-1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 8 26

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)

9. BIRTHPLACE (CITY OR TOWN) New York State
(STATE OR COUNTRY)

10. NAME OF FATHER J. Wheeler

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

12. MAIDEN NAME OF MOTHER Green

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

14. INFORMANT J. W. Hestetter
(Address) 1742 E. 17th St.

FILED Nov 24 1930 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17-1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1930 to 10-17-1930, and that I last saw her alive on 10-16-1930, and that death occurred, on the date stated above, at 12-10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
93 C
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cardiac hypertension
(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? clinical
(Signed) J. W. Green M. D.

1742 E. 17th St. (Address) Independence Mo

*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

Woodlawn Burial Co. Oct-20 1930

20. UNDERTAKER ADDRESS

1742 E. 17th 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.

