

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

Do not use this space.

36265

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 727 Locust)

Registration District No. 399  
Primary Registration District No. 1002

File No. 4071  
Registered No. 4071 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ivan, A. Betty  
(a) Residence. No. 727 Locust St. 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14 - 19  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... mts.  
50 11 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Cashier  
(b) General nature of industry, business, or establishment in which employed (or employer). Restaurant  
(c) Name of employer Kelly

9. BIRTHPLACE (CITY OR TOWN) Pittsburg (STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER Unknown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " (STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Mattie Getty (Address) 727 Locust

15. FILED 11/18 1930 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16<sup>th</sup>, 1930, to Nov. 17<sup>th</sup>, 1930, that I last saw him alive on Nov. 16<sup>th</sup> (10:22 PM), 1930, and that death occurred, on the date stated above, at 9:15 A.M. 250 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

115 Endocarditis, Chronic  
(duration) about 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza  
(duration) and 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED PA  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms & phys. exam.  
(Signed) E. P. Berry, M. D.

Nov. 19 1930 (Address) 905 Locust St

\*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 Elmwood. DATE OF BURIAL Nov. 19 1930

20. UNDERTAKER Cyclar Funeral Home ADDRESS K. C. Mo.

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.

Edwin R.  $\frac{1}{2}$  Locust