

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

Do not use this space.
36368

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 11-4778
Township Haw Primary Registration District No. _____ Registered No. _____
City Kansas City, Mo. Kansas City, Mo. St. _____ Ward _____

2. FULL NAME

Dinnie Mahne
(a) Residence No. 3422 Astor St. 14 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 39 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** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1872
7. AGE YEARS 58 MONTHS 4 DAYS 23 If LESS than 1 day, ____ hrs. or ____ min.
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) _____
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER H. M. Curthy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sarah Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-24 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 11-24, 1930
that I last saw her alive on 11-24, 1930, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia from septic rectal abscess
12 21 (duration) yrs. mos. ds.
6 9 1930
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy
(Signed) P. E. Wilkerson, M. D.
1-25, 1930 (Address) Subt KC Gen. Hosp.

*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.

14. INFORMANT Reverend Clerk
(Address) K.C. Gen. Hosp.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill **DATE OF BURIAL** Nov 28 1930
20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo.

15. FILED 11-26 1930 M. M. Lowe REGISTRAR

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.

