

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

Do not use this space.

39353 4920

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 7009
 City Kansas City (No. 506 West 77th Street) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Rose Anna Elizabeth Tweedie

(a) Residence. No. 506 West 77th St. St. 8 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. moa. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. B. Tweedie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>0</u>	<u>20</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Ill
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Jefferson Long</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	12. MAIDEN NAME OF MOTHER <u>Narcissis Weekley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>

14. INFORMANT Mr. James E. Cornett
 (Address) 506 West 77th St.

15. FILED 1/2/30 M. M. Crowl REGISTRAR
16

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4, 1930 19____
 17. _____

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 4, 1930, that I last saw her alive on Dec 4, 1930, and that death occurred, on the date stated above, at 10:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis with atherosclerosis of coronary arteries
77-78 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 906 (duration) 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? No.

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Donald M. Dowell, M. D.
1/5 1930 (Address) 870 Professional Bldg

*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 Braymer, Mo. DATE OF BURIAL 12-6-30 19____

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kans City, 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.

870 Prof. Blay