

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

Do not use this space.

1265

**1. PLACE OF DEATH**

County Jackson Registration District No. 2  
 Township Kaw Primary Registration District No. 1  
 City Kennett City (No. 2000 E. 13<sup>th</sup>)

File No. 91  
 Registered No. 91  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 12000 E. 13 St., 2 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1894

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
36 6 12

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

10. NAME OF FATHER Charles S. Lett

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

12. MAIDEN NAME OF MOTHER Emma C. Johnson

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

14. INFORMANT Ella Hauko  
 (Address) 2000 E. 13<sup>th</sup> St

15. Jan 8, 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-2-31

17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute dilatation of heart  
 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Carbon of liver  
 (duration) yrs. mos. da.

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

8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Dr. Bennett, M. D.  
2/20/31 (Address) Deput Coover

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) DETAILS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland DATE OF BURIAL Jan 16, 1931

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 13<sup>th</sup>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

4.