

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

5628

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 719
Registered No. 719
St. _____ Ward _____

2. FULL NAME

Mrs. Mozart Sundtall Birns
(a) Residence. No. 3017 Montgall St. 11 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joe. Henry Birns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 7 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work home
(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) Farmersburg Iowa

10. NAME OF FATHER Wm. Tangler Sundtall

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

12. MAIDEN NAME OF MOTHER Martha Goodwin

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

14. INFORMANT Mrs. Winnie Birns
(Address) 3017 Montgall

15. FILED 2/15/31 M. M. Kerova REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Saturday Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1931, to Feb 14, 1931 that I last saw her alive on Feb 14, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
150
107A (duration) _____ yrs. _____ mos. 7 ds.
CONTRIBUTORY (SECONDARY) Erysipelas
Not Traumatic (duration) _____ yrs. _____ mos. 14 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?
(Signed) John R Lewis, M. D.
Feb. 15, 1931 (Address) 3546 Endreana

*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
Blue Jacket Okla Feb 16 1931

20. UNDERTAKER ADDRESS
Eyles Funeral Home 1800 Linwood

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.

