

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

Do not use this space.

9828

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kaw Primary Registration District No. 700
City Kansas City, Mo (No. 4321 Walnut Street) St. _____ Ward _____

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

2. FULL NAME Miss Mary Treleaven

(a) Residence No. 4321 Walnut Street St. 7 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	76	0	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bay Ridge, Long Island
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Thomas Treleaven</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Alice E Travis</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Antigua, West Indies</u> (STATE OR COUNTRY)

14. INFORMANT W. L. Treleaven
(Address) 5408 Baltimore Avenue

15. FILED 3/6, 1931 M. M. Crowe
ash REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/5/31 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1924, to Jan 5 1931, and that I last saw her alive on Jan 5 1931, and that death occurred, on the date stated above, at 7:25 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, hypertension
Myocardial
infarction
Cardiac decompensation
(duration) 8 yrs. mos. ds.
CONTRIBUTORY Coronary Artery Disease
(SECONDARY) (duration) _____ yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
8 WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical signs
(Signed) Lucas S. Malone M. D.

Mar 6 1931 (Address) 1137 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 Cremation	DATE OF BURIAL 3/7/31 19
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20. UNDERTAKER Freeman Mortuary, K.C. Mo	ADDRESS
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

