

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

Do not use this space.

9979

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Primary Registration District No. _____
City K.C. Mo. (No. 1705 Agnes Ave) St. _____ Ward _____

File No. _____
Registered No. 1247
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1705 Agnes Ave 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 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glasgow Snells

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>10</u>	<u>7</u>	

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) Mississippi

10. NAME OF FATHER Ed Love

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

12. MAIDEN NAME OF MOTHER Bettie Hopkins

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

14. INFORMANT Glasgow Snells
(Address) 1705 Agnes Ave

15. FILED 3/14 1931 Wm Crowl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/13 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to March 12, 1931 that I last saw her alive on March 11, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dilatation
110%
130%
140%
(duration) _____ yrs. mos. 14 ds.
Hypertensive (Primary) & Nephritic
CONTRIBUTORY (SECONDARY)
is acute (duration) _____ yrs. 6 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
(1) DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & chemical
(Signed) Wm C. Crowl, M. D.
3/14/31 (Address) 1612 E 12 St

*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 Maple Hill Cemetery DATE OF BURIAL 3-16-31

20. UNDERTAKER Thomson & Greenstreet ADDRESS KC Mo.

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.

Dr. Thomas A. Jones -