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

Do not use this space.

9999

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1007

City K. C. Mo. (No. 1710 Summit St. Ward)

File No.

Registered No. 1267

2. FULL NAME Mary Jean Day

(a) Residence. No. 1710 Summit St., 3 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: Fe

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-29-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
—	3	-17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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) K. C. Mo. 1

PARENTS

10. NAME OF FATHER: Ray Day

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

12. MAIDEN NAME OF MOTHER: Ellie Humphrey

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

14. INFORMANT: Ray Day
(Address) 1710 Summit

15. FILED 3/16, 1931 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-16 1931

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 15, 1931, that I last saw her alive on March 15, 1931, and that death occurred, on the date stated above, at 3:42 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

1010

158 (duration) yrs. mos. six ds.

CONTRIBUTORY (SECONDARY) Infancy

(duration) yrs. mos. twelve ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓ (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) C. E. Frazier M.D., M.D.

Mar 16, 1931 (Address) 302 Gate City Bank Bldg Kansas City Mo

*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: Branson Mo.

DATE OF BURIAL: 3-16-1931

20. UNDERTAKER: Mrs. C. L. Forster

ADDRESS: K. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.