

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

Do not use this space.

10256

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1580
 Township Kan Primary Registration District No. 1002 Registered No. 1580
 City Kansas City (No. St. Marys Hospital St. _____ Ward)

2. FULL NAME

Mrs. Edytha E. Decker
 (a) Residence. No. 4536 Jarboe St. 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 12 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.B. Decker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 4 14

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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Deff

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

12. MAIDEN NAME OF MOTHER Ellie Vier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT A.B. Decker
 (Address) 4536 Jarboe St.

15. FILED 4/1 31 B. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/31 1931
 17.

I HEREBY CERTIFY, That I attended deceased from 3-10-31 to 3-31-31
 that I last saw her alive on 3-30-31, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Purpurous Gall
Cholecystitis
Toxemia
 CONTRIBUTORY (SECONDARY) (duration) _____ yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH... yes DATE OF 3-17-31
 WAS THERE AN AUTOPSY...
 WHAT TEST CONFIRMED DIAGNOSIS... operation
 (Signed) W. J. Miller, M. D.
4/1 1931 (Address) 777 Arroyo

*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 Grand, Kansas DATE OF BURIAL 4/3 1931

20. UNDERTAKER Freeman Mortuary ADDRESS K.C. Mo.

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. W. P. Miller
Hemp Harbor
New York.