

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

Do not use this space.

18054

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 3421 Agnes Ave)

Registration District No. 379
Primary Registration District No. 1002

File No. 379
Registered No. 1002
Ward

2. FULL NAME

Mrs. Mary M. Hynes

(a) Residence No. 3421 Agnes Ave No. 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 24, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>5</u>	<u>18</u>	

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) Ohio

10. NAME OF FATHER Otho William Hedges

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. D. Emerson
(Address) 3421 Agnes Ave.

15. FILED 5/14, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929 to May 12 1931 that I last saw her alive on May 11, 1931, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
12 1/2 (duration) 3 yrs. mos. ds.
CONTRIBUTORY Uremic Coma
(SECONDARY) (duration) 5 yrs. mos. 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 Symptoms &c
(Signed) J. E. Donovan, M. D.

5/14, 1931 (Address) 714 Chambers 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 Elmwood DATE OF BURIAL May 14, 1931

20. UNDERTAKER D. W. Newcomer's Sons ADDRESS 2116 E. 9th St.

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.

~~715 Chambers Bldg.~~

~~143~~

Newbern Hotel

525 East Annan Blvd.