

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

Do not use this space.

31399

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Plan Primary Registration District No. 0002
City Kansas City No. 1401 East 10th St. _____ Ward _____
Registered No. 3896

2. FULL NAME May Petersen
(a) Residence, No. 1401 East 10th St. 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 - 1896</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>3</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Lawrence Hickey</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Kate A. Boyle</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Harry Petersen</u> <u>1401 East 10th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt St Marys</u> DATE <u>sep 32 1931</u>		
19. UNDERTAKER (ADDRESS) <u>John J. Shelton</u> <u>4316 West Kansas City rd</u>		
20. FILED <u>9-21-31</u> M. M. <u>Cooper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 20 1931

22. I HEREBY CERTIFY, that I attended deceased from Sep 20 1931, to Sep 20 1931. I last saw him alive on Sep 20 1931. Death is said to have occurred on the date stated above, at 10:00 m. The principal cause of death and related causes of importance were as follows:

Date of onset

acute dilatation of heart.
66 B
95 B

Other contributory causes of importance:
quite 66 B

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) D. M. M. M. M., M. D. (Address) 531 Boyle

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.

