

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

Do not use this space.

34351

1. PLACE OF DEATH

County Jackson
Township Jaw
City Kansas City (No. 1610 6 26th)

Registration District No. 398
Primary Registrar District No. 100

File No. _____
Registered No. 4064
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1610 6 26th St., 4 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 10 12

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) Frankfort
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER Geo. Washington

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

12. MAIDEN NAME OF MOTHER Anna Turk

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

14. INFORMANT (Address) Ina Hayden
1610 6 26th

15. FILED 10/5 1931 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1 1931

I HEREBY CERTIFY, That I attended deceased from Sept 6 1931, to Oct 1 1931, that I last saw him alive on 10-1-31, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (duration) yrs. mos. ds. Uterine fibroids
(SECONDARY) Diabetes Mellitus
(duration) yrs. mos. ds. non malignant

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. W. Anderson M. D.
107 91 (Address) K.C. 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 Highland DATE OF BURIAL 10/5 1931

20. UNDERTAKER Patkins Bros ADDRESS 1709 Lyden

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.

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