

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

Do not use this space.

34402

**1. PLACE OF DEATH**

County Jackson

399  
Registration District No. 399

Township Kaw

Primary Registration District No. 136

City Kansas City

(No. Trinity Lutheran Hospital)

File No. \_\_\_\_\_  
Registered No. 416  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma McNabb

(a) Residence. No. 4610 Penn Street st.,  
(Usual place of abode)

Ward. \_\_\_\_\_ (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>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Thomas McNabb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>11</u>	<u>7</u>	

**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) Not known

10. NAME OF FATHER Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Not known

14. INFORMANT Mrs. C. E. Shilleto  
(Address) 5825 Overhill Road

15. FILED 10/9/31 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 8  
o'cl 1931, to 8-00 1931  
that I last saw him alive on 8-08, 1931, and that death occurred, on the date stated above, at 5:30P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary thrombosis -  
following operation gall bladder  
removal (duration) yrs. mos. ds.  
CONTRIBUTORY Small stones (duration) yrs. mos. ds.  
(SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED?  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 8  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram  
(Signed) H. S. Siskok M. D.

108, 1931 (Address) 1025 Rucka Way  
\*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 DATE OF BURIAL 10-10-1931  
Elmwood Cemetery, Crematory

20. UNDERTAKER ADDRESS 3235  
Shree - Mc Clure  
Bill Shaw Plaza

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. N. S. Hickok  
Rialto Bldg.  
to H.P.M.