

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

Do not use this space.

34538

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 1516, Michigan)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4257  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1516 Michigan 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 Female 4. COLOR OR RACE Cool 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 9 10 22

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

13. NAME Henry Glover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Samuel Miller  
1516 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Oct 20, 1931

19. UNDERTAKER (ADDRESS) Adkins Bros  
2022 E. 12th St

20. FILED 10 10 1931 M. M. Crowe  
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-2- 1931 to 10-16- 1931

I last saw her alive on Oct 16, 1931 Death is said

to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Lesion

92A

Other contributory causes of importance: Nephritis

Aspern

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify \_\_\_\_\_

(Signed) J. J. Hays, M. D.

(Address) 2202 E. 8th 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.

W. H. Hough.