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

Do not use this space.

34636

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital St. Ward)
Registration District No. 39-
Primary Registration District No. 1003
File No.
Registered No. 4075

2. FULL NAME Irene Bernice Warren Huggins

(a) Residence. No. 3622 Askew St., 16 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 23 | 10 | 9 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Frances O. Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Coffyville, Ks.
12. MAIDEN NAME OF MOTHER Minnie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North
(STATE OR COUNTRY) Carolina

14. INFORMANT Franses C. Warren
(Address) 3622 Askew

15. FILED 10/28, 19 31 M. M. Crane REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1931

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bicheride, a poison
1 hr 15
..... (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Cause unknown
..... (duration) ....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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M. Stacy M. D.
10/27, 1931 (Address) Deputy Coroner

*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 |
|---|---|
| Odd Fellows Cemetery Smithville, Mo. | 10/29 1931 |
| 20. UNDERTAKER Mullody-McGilley | ADDRESS K.C. Mo. |

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.