

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

Do not use this space.

37806

1974

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 5412 East 23rd St.) St. Ward

File No.
Registered No. St. Ward

2. FULL NAME Velma Marilyn Mc Hale

(a) Residence, No. 5412 East 23rd St St. 15 Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 2 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

13. NAME Dr. Thomas C. McHale

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

15. MAIDEN NAME Velma Mae Krisan

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

17. INFORMANT Dr. Thomas C. Mc Hale
(ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tonganoxie, Kansas 11-23-31

19. UNDERTAKER Freeman Mortuary
(ADDRESS) K. C. Mo.

20. FILED 11/21 1931 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 19 31

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 19 31 to Nov. 20 19 31
I last saw h. s. x. alive on Nov. 14 19 31 . Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

 Cardiac Failure

Date of onset Nov. 20-31

 Congenital Primary Myoma of Ventricular Septum

Other contributory causes of importance:

 ① Myoma of Ventricular Septum
 ② Thyroid Hypertrophy

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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. Sawant Waldhall M. D.

(Address) 612 Professional Bldg.

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.

