

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

Do not use this space.

41107
5096

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Yean Primary Registration District No. 10
City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2120 Penn St. 3 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>10</u>	<u>5</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Water District</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Company</u>
	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) Kansas

FATHER 13. NAME Allen Boyce

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Barbara Finley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Do and Clerk
(ADDRESS) 72 C. Gen Hosp 72 C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Ms. DATE Mar 26 1931

19. UNDERTAKER Surveys and Sons
(ADDRESS) 214 1/2 St

20. FILED 12/26 1931 M. M. Enloe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1931 to 12-24 1931

I last saw her alive on 12-24 1931. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Arteriosclerotic Date of onset _____

Other contributory causes of importance: 95A

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) P. E. Williams M. D.
(Address) Supr 72 C. Gen Hosp. K.C. Mo

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.

