

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.

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

Do not use this space.

1346

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1008
 City Kansas City No. 2137 Summit

File No. _____
 Registered No. 2884
 St. _____ Ward _____

2. FULL NAME

Molly G. Blackburn
 (a) Residence, No. 2137 Summit 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 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 Robert

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

7. AGE YEARS 50 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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) Missouri

13. NAME Louis Velear

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

15. MAIDEN NAME Mary Eder

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

17. INFORMANT Mrs. Mahel M. Hartman (ADDRESS) 2137 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. A. Hays DATE 2/2/32

19. UNDERTAKER (ADDRESS) F. O. Russell Co. 3256 Broadway

20. FILED 2/7-32 3:21 p.m. Empire Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931 to Jan 27 1932
 I last saw her alive on Jan 27 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

131
93.0 Myocarditis
 Other contributory causes of importance:
Chronic interstitial nephritis 1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? (c)

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 (1)

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) J. J. Hays, M. D.
 (Address) 1640 Vandeventer

W. B. Howard
24th Nov 1895
New York