

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

Do not use this space.

4641

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kaw Primary Registration District No. 102
City Kansas City (No. 3427 , Wyandotte 02)

File No. _____
Registered No. 494 St. _____ Ward _____

2. FULL NAME SOUTHWELL, Audora S.

(a) Residence, No. 3427 Wyandotte St. 5 Ward _____

(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 <u>Fem</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Southwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1845</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>2</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) Meadville
(STATE OR COUNTRY) Pa.

13. NAME Roswell Sexton

14. BIRTHPLACE (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Conn.

15. MAIDEN NAME Mary Peck

16. BIRTHPLACE (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Conn.

17. INFORMANT J. H. Southwell
(ADDRESS) 3427 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2/8/32 1932

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 2/7 1932 M. M. Crane
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1932

22. I HEREBY CERTIFY that I attended deceased from March 10th 1931 to Feb 4th 1932

I last saw him alive on Feb 4th 1932 Death is said to have occurred on the date stated above, at _____ m.

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

Cardio-vascular disease with interstitial nephritis 131 years ago
Date of onset 13/1950

Other contributory causes of importance:

Nephritis 13/1950

Name of operation _____
What test confirmed diagnosis? Serology 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) Sam J. Myers M. D.

(Address) 814 W. 94th St. Bldg

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.

