

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

Do not use this space.

4675

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 1708 East 51st)

Registration District No. 599  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 530  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1708 East 51st St., 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17-1855</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> <u>5</u>		
13. NAME <u>Joseph Crew</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>4</u>		
15. MAIDEN NAME <u>Margaret Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> <u>5</u>		
17. INFORMANT (ADDRESS) <u>Mrs Fern Tracy</u> <u>1708 East 51st</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nevada</u> <u>no</u> DATE <u>Feb 10</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>John J. Shukan</u> <u>316 Frost - Kansas City Mo</u>		
20. FILED <u>19</u> 19 <u>32</u> <u>J. M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1932, to 2-9, 1932  
I last saw her alive on 2-8, 1932. Death is said to have occurred on the date stated above, at 8:20 am.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset 2-1-32

Other contributory causes of importance:  
Interstitial Nephritis  
Chronic Arthritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys findings as 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 Ch. of H. Pen  
(Signed) H. H. Owens, M. D.  
(Address) 1034 Beatto

WHITE PRINTED, 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.

