

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.

4774

**1. PLACE OF DEATH**

County Jackson Registration District No. 109 File No. 330  
 Township Kan Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. Kansas City Central Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mustain Jessie  
 (a) Residence, No. 1626 Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Mustain</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-27-1880</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>3</u>	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>295</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) <u>Missouri</u> 1				
FATHER	13. NAME <u>Wm Crawford</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 2			
MOTHER	15. MAIDEN NAME <u>Alice Compton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 1			
17. INFORMANT <u>Recs Clerk</u> (ADDRESS) <u>K.C. General Hospital</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>Feb 17 1932</u>				
19. UNDERTAKER <u>Wm B. Lablanc</u> (ADDRESS) <u>K.C. Mo</u>				
20. FILED <u>7/16 1932</u> <u>M.M. Brown</u> <u>assn</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1932, to 2-14-, 1932  
 I last saw h. en alive on 2-14-, 1932 Death is said to have occurred on the date stated above, at 11:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Infarction  
Infarct of Spleen  
 Date of onset 4-30  
9-11  
133B

Other contributory causes of importance:  
99  
1

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

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 PC Willaoux M. D.  
 (Signed) Geo Asper R.C. Will  
 (Address) \_\_\_\_\_

