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.

4787

1. PLACE OF DEATH
County Jackson Registration District No. 3
Township Kaw Primary Registration District No.
City Kansas City (No. 2631, Victor St. Ward)

File No. 049
Registered No.

2. FULL NAME Mrs Mattie A. Jay
(a) Residence, No. 2631 Victor St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Daniel T. Jay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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 2

FATHER
13. NAME George Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Frances Gefford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mr. Daniel T. Jay
(ADDRESS) 2631 Victor St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 2/17 1932

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) 2111 East 9th St.

20. FILED 2-17-1932 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb. 17, 1932
I last saw her alive on Feb. 17, 1932. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
8 2 D
8 2 D

Date of onset

Other contributory causes of importance:
Paralysis
(1)

Name of operation none Date of none
What test confirmed diagnosis? Symptoms 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 none, 19 none
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no injury
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) J. F. Mackey, M. D.
(Address) 530 Professional Bldg
Kansas City, Mo

538 Professional Bldg
11-5:30