

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

Do not use this space.

8358

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas City MO (No. 6943)

Registration District No. 399  
Primary Registration District No. 1002

File No. 932  
Registered No. 932  
St. Walton Ward

**2. FULL NAME**

Mary Ann Crevister  
(a) Residence. No. 6943 Walnut Rd 16 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. R. Crevister</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 22 1848</u>		
7. AGE <u>83</u>	YEARS <u>11</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Indianapolis

10. NAME OTHER J. P. Salisbury

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indianapolis  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indianapolis  
(STATE OR COUNTRY) Indiana

**14. INFORMANT**

Fred L. Crevister  
(Address) 7940 So Benton

**15. FILED**

3/6 1932 M. M. Cronin  
REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1932, to Mar 2, 1932, that I last saw h. e. alive on Mar 2, 1932, and that death occurred, on the date stated above, at 10:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardiac  
107AB iron chypneumia  
162 Senility  
(duration) 2 yrs. 6 mos. ds.

**CONTRIBUTORY (SECONDARY)**

107AB (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) P. G. Williams M. D.

.19 (Address) Gen Hosp KC MO

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Massd Grove Mar 6 1932

**20. UNDERTAKER**

**ADDRESS**

Crown Funeral Gen Hosp

K. 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.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

