

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

Do not use this space.

8516

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kew Primary Registration District No. 1002
City K.C. Mo. (No. 3337 Garfield) St. 13 Ward.

File No. _____
Registered No. 1097 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 3337 Garfield St. 13 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>M</u>		4. COLOR OR RACE <u>Wh.</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>6-29-1839</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>92</u>	<u>8</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) (STATE OR COUNTRY) <u>Terra Haute Indiana</u>					
MOTHER FATHER	13. NAME <u>Oliver E. Story</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford Conn.</u>				
	15. MAIDEN NAME <u>Eleanor Soules</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Allegheny Pa. Maryland</u>				
17. INFORMANT <u>Mrs. Hunter</u> (ADDRESS) <u>3337 Garfield</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Terra Haute Indiana</u> 19 <u>32</u>					
19. UNDERTAKER <u>Mrs. C. J. Foster</u> (ADDRESS) <u>K.C. Mo.</u>					
20. FILED <u>3/16</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 - 1932

22. HEREBY CERTIFY, That I attended deceased from Jan 14 1932 to March 15 1932
I last saw her alive on March 14 1932. Death is said to have occurred on the date stated above, at 7:35 a.m.
The principal cause of death and related causes of importance were as follows:

Hypertension - Chronic July 4 1928
B.P. 194B
194B
Other contributory causes of importance: Operation
fell on my head - occurred
Sept. 23, 32 - injury
occurred in her own home 2/22/32

Name of operation Spinal & cerebral Date of 2/22/32
Was test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes 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.
Fell on head in her own home
Manner of injury _____
Nature of injury Loosening of vertebral scales

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) M. M. Crowe M. D.
(Address) 720 Argyle St. K.C. Mo.

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.

