

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

Do not use this space.

19550

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kan Primary Registration District No. 1002
 City Kansas City (No. Kansas City General Hospital St. 2350 Ward)

2. FULL NAME

(a) Residence, No. 1804 E 7th St., 9 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Joseph Mayfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1893

7. AGE YEARS 39 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

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. none
 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) Toson

13. NAME Andrew J. Heinlen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Hattie Bietchel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Records Clerk (ADDRESS) K. E. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6-13-32

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 917 Broadway Ave

20. FILED 6/13 19 32 M. M. Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1932 to 6-11-1932

I last saw her alive on 6-11-1932 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
131
128
107A (1) / B1
 Other contributory causes of importance:
Chronic nephritis
Fibrosis of pancreas

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 P. B. Williams, M. D.
 (Signed) Sup. K. E. General Hospital
 (Address)

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.

