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.

22758

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2666
Township — Primary Registration District No. 1003 — Registered No.
City Kansas City (No. 4800 Jefferson St. Ward)

2. FULL NAME Alice Leslie Short Larey
(a) Residence, No. 4800 Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ray E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/2/1898

7. AGE: YEARS 33 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. office secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. doctor's office 256
10. Date deceased last worked at this occupation (month and year) 7/32
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kan 2

FATHER
13. NAME Burton L. Short
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Grace McConnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Mrs. Grace Short Turner, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 7/7 1932

19. UNDERTAKER (ADDRESS) Geo. H. Long K C K

20. FILED 7-7, 1932 M M Crow Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to July 5, 1932
I last saw her alive on July 2, 1932. Death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis with decompensation	1925
92A	2
95B 92A	

Other contributory causes of importance:

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
(Signed) Abraham Sophean, M. D.
(Address) 702 Argyle

9 30/am at Hospital.
Dr. Sophian Argyle Bldg
Vic 1311