

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

Do not use this space.

22776

1. PLACE OF DEATH

County Jackson
Township Yean
City Kansas City (No. 7-C. General Hosp)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 2305 Indiana Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William McKullah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>4</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>
	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) New York 2

MOTHER FATHER 13. NAME Mathew Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 31

17. INFORMANT Deirda Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE July 11 1932

19. UNDERTAKER Mrs. E. Foster

20. FILED 7/9 1932 M. W. Proeve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1920 7-8 1932
I last saw her alive on 7-8 1932. Death is said to have occurred on the date stated above, at 7:00 P.
The principal cause of death and related causes of importance were as follows:

Somnolence with a chronic myocarditis and nephritis
Date of onset

Other contributory causes of importance 131
16

Name of operation 16 Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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 AS Williams M. D.
(Signed) Supt. T.C. General Hosp. KC Mo.
(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.

