

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

Do not use this space.

22993

1. PLACE OF DEATH

County Jackson
Township 1st
City Kansas City (No. General Hospital #2)

Registration District No. 399
Primary Registration District No. 1602

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1714 Charlotte St. 3 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 Female 4. COLOR OR RACE Coloured 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 53 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Better, Mo

13. NAME Geo. Cave

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

15. MAIDEN NAME Ann Cave

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

17. INFORMANT Record Clerk Gen. Hosp. #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo DATE July 9, 5th 1932

19. UNDERTAKER Went Apleton Jones (ADDRESS) 1604 1/2 St.

20. FILED July 25 1932 3:25 p.m. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/15/32, 1932, to 7/20, 1932. I last saw her alive on 7/20/32, 1932. Death is said to have occurred on the date stated above, at 10:48 P.m.

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

Acute cardiac pneumonia of a tuberculous nature
Toxemia
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? test. Clinic 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 _____, 1932
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) D. M. Miller, M. D.
(Address) Gen. Hosp. #2

MARGIN RESERVED FOR BINDING
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.

V. 5 (NO. 2)

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