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.

29405

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 3579
City Kansas City (No. 4104 Morrell 1002 St. Ward)

2. FULL NAME Mollie Classer
(a) Residence, No. 4104 Morrell St., 10 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21 - 1870
7. AGE: YEARS 62 — MONTHS 1 — DAYS 0 ~~30~~ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. 235
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) Missouri, 1

FATHER
13. NAME John J. Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 150

MOTHER
15. MAIDEN NAME Margaret McManemin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont 2

17. INFORMANT (ADDRESS) Clarence E. Classer, 4104 Morrell
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Independence DATE Sep 23 1932
19. UNDERTAKER (ADDRESS) John J. Sheehan Kansas City Mo
20. FILED 9/22 1932 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21 1932
22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1932, to 9-21, 1932
I last saw her alive on 9-21, 1932 Death is said to have occurred on the date stated above, at 1120 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	9/12
131	
92A	
131	

Other contributory causes of importance: Chronic Nephritis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) O R Crooks, M. D.
(Address) 6235 E 15