

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

Do not use this space.

32516

4047

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kear Primary Registration District No. _____
 City K.C., Mo. (No. Research Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3659 _____ Ward _____
 (Usual place of abode)

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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gas. Crawford Hennessy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 24 - 1868

7. AGE YEARS 70 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Mo.

13. NAME Mrs. Mears

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Miss Nell Hennessy (ADDRESS) 3659

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 10/31/32

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 418 Broadway Ave

20. FILED 10/29 1932 M. M. Conroy Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to 70 - 28, 1932
 I last saw h. alive on 10 - 28, 1932. Death is said to have occurred on the date stated above, at P. m.

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

Pulmonary tuberculosis
cardiac dilatation
Left ventricular failure
Pulmonary edema
 Other contributory causes of importance: 23 (1)
Pulm 265, old.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? No
 If so, specify _____ (Signed) Donald Black, M. D.
 (Address) 924 Py Bldg.

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.

J. J. Jones
Professional Vi-8481

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