

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

Do not use this space.

35628

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Law Primary Registration District No. 1072 File No. _____
 City Kansas City No. Healthy Prot. Hospital Registered No. 4122
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1215 E 23rd. St. E Ward. (If nonresident, give city or town and State)
 (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 Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day 36 hrs. or min.
11 1/2 36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas City, Mo.

13. NAME Alonso Foote

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stinson, Mo.

15. MAIDEN NAME Alice Merritt

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

17. INFORMANT Alonso Foote
 (ADDRESS) 1215 E 23rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lumber DATE 11/4 1932

19. UNDERTAKER Grashins Bros Unit
 (ADDRESS) 1729 Lyndia

20. FILED 11-4 1932 M. M. Crane
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3- 1932 to 11-3- 1932
 I last saw her alive on 11-3- 1932 Death is said to have occurred on the date stated above, at 1:31 p. m.
 The principal cause of death and related causes of importance were as follows:

Atelectasis

101A / 61A

Other contributory causes of importance: (1)

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. V. Miller M. D.

(Address) 211 New Center 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.

