

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

Do not use this space.

39864

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. General Hosp #2) St. _____ Ward _____

File No. _____
 Registered No. 4872
 St. _____ Ward _____

2. FULL NAME

Mary Ellen Lindsay
 (a) Residence, No. 1610 E. 10th St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Walter Lindsay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 0 0

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

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 2

13. NAME Mourae Mason

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

15. MAIDEN NAME Jennette Brown

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Ks. DATE 12/20, 1932

19. UNDERTAKER (ADDRESS) Thalpine Bros. Undertaker
1729 Lydia

20. FILED 12/20, 1932 W. M. Levere
Regist.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-32

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1932 to 12-16-32, 19

I last saw her alive on 12-16-32, 19 Death is said

to have occurred on the date stated above, at 10:30 AM,
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset _____
Mitral Insufficiency
92 A
95 B
117 B Other contributory causes of importance: 92 A
Hypostatic Pneumonia

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) General Hospital #2

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.

