

WHITE 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.

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. 4C General Hosp)

Registration District No. 388
Primary Registration District No. 100E

File No. 39892
Registered No. 4900
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1317 Truett St. Ward 2
(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 7- 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 10 19

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) Mo.

13. NAME Maudie Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo record

15. MAIDEN NAME No record

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

17. INFORMANT Dr. J. A. Clark (ADDRESS) 4C Gen Hosp. J.C.M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. DATE 12-22-32

19. UNDERTAKER Ms. C. S. Foster (ADDRESS) W. C. M.

20. FILED 12/21 1932 3:30 p.m. W. C. M. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1932 to 12-21, 1932

I last saw her alive on 12-21, 1932. Death is said to have occurred on the date stated above, at 1:40 a.m.

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

Acute mastoiditis 12-15-32

89B
79A 89B

Other contributory causes of importance:

Pneumococci meningitis 12-15-32

0

Name of operation none 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) J. H. Jennett M. D.
(Address) 4C Gen Hosp. KC Mo

