

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

Do not use this space.

39949

4957

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 2925, Oliver) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Hitchborne  
(a) Residence, No. 2825 Oliver St. 11 Ward \_\_\_\_\_

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 Fe 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 W = a Hitchborne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 1 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) M.C.

FATHER 13. NAME John Baykin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M.C.

MOTHER 15. MAIDEN NAME Louisa Bloom  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M.C.

17. INFORMANT Mrs. Ruth Ferguson  
(ADDRESS) 2825 Oliver

18. BURIAL, CREMATION, OR REMOVAL N. C. Park, Highland Park  
PLACE DATE 12/26/32

19. UNDERTAKER Mrs. C. L. ...  
(ADDRESS) 918 Brooklyn Ave

20. FILED 12-24-32 M. M. ...  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932, to Dec 24, 1932  
I last saw her alive on December 21, 1932 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Generalized Arteriosclerosis  
97  
1538  
36

Other contributory causes of importance:  
Gangrenous infect  
illness and  
starvation

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 \_\_\_\_\_, 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) John G. Lapp, M. D.  
(Address) 1319 Professional Bldg.

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 1

Dr J. D. Kapp -

Prof. Bldg -

Vic' 9325

2:30 to 5