

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

Do not use this space.

1289

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Rau Primary Registration District No. _____
City Kansas City (No. 1634 Norton) St. _____ Ward _____

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1634 Norton St., 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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 Colored 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) March 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>			

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. _____

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Garden (ADDRESS) 1634 Norton

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kansas DATE Jan 9, 1933

19. UNDERTAKER Adkins Bros. (ADDRESS) 124 Euclid

20. FILED Jan 3 1933 M. M. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1932 to Jan 12, 1933

I last saw her alive on Dec 31, 1932, 1932 Death is said

to have occurred on the date stated above, at 5 a.m.

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

Myocardial Insufficiency Date of onset 10/1/32

131
950 920

Other contributory causes of importance:

1/2 hypertensive
arteriosclerosis 8/1/32

Name of operation Clinical Date of _____

What test confirmed diagnosis _____ Was there an autopsy? No

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? No

If so, specify _____

(Signed) Thos. A. Jones, M. D.

(Address) 1612 E. 47th St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

