

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

Do not use this space.

1328

1. PLACE OF DEATH

485 County Jackson Registration District No. 399
10 Township Kan Primary Registration District No. 1002
City Kansas City (No. 7 C General Hosp) St. _____ Ward _____

File No. _____
Registered No. 58
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1655 Winchester St. Ward. 12 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23-1907</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>3</u>
		DAYS
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Housewife</u>		
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME E. C. Reed

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

15. MAIDEN NAME Elizabeth Neighbors

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

17. INFORMANT (ADDRESS) Dr. J. C. Clark

18. BURIAL, CREMATION, OR REMOVAL Ground Peace Rd. DATE Jan 7 1933

19. UNDERTAKER (ADDRESS) More Hardware

20. FILED 1-5-33 M. M. Crowe Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 4 1933
I last saw deceased alive on Jan 23 1933 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:
Subar Pneumonia
108 109
1432 109
Other contributory causes of importance:
Pregnancy

Name of operation _____ 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 _____, 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. C. Clark M. D.
(Address) 1-5-33

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.

