

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

Do not use this space.

5802

1. PLACE OF DEATH
 48 County Jackson Registration District No. 399
 10 Township Kenn
 9 City Kansas City (No. 5421 Primary Registration District No. Tracy 1002)
 2. FULL NAME Mary Martha Korty St. _____ Ward _____
 (a) Residence, No. 5421 Tracy (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)

File No. _____
 Registered No. 754
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1925
 7. AGE YEARS 7 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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 _____

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 15, 1932
 I last saw her alive on July 15, 1932. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Scarlet fever
 Date of onset _____
 Other contributory causes of importance:
Myocardic infarction
catarrh of the
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chromal 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 _____ 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? no
 If so, specify _____
 (Signed) E. M. ...
 (Address) 907. Sherry Bldg. Kans. City, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri
 FATHER 13. NAME George Leo Korty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER 15. MAIDEN NAME Ruth Marie Purcell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri
 17. INFORMANT (ADDRESS) Mary Purcell Kansas City Missouri
 18. BURIAL, CREMATION, OR REMOVAL 2. P. M.
 PLACE Midway Cemetery DATE 2-16 1933
 19. UNDERTAKER (ADDRESS) John J. Sheehan 14316 Grand Ave Kansas City Mo
 20. FILED 2-15 1933 11:33 a.m. M. M. Crone
asst. Registrar.

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.

Dr. Williams' Pink Pills

Vi 5849