

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

Do not use this space.

9614

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Kaw

Primary Registration District No. NEC 2

City Kansas City, Mo. (No. General Hospital)

File No. _____

Registered No. 1216

St. _____ Ward _____

2. FULL NAME Nettie Marsee

(a) Residence, No. 1321 Campbell St., _____ Ward _____

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 71 -3 - 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Ohio

FATHER 13. NAME John Courtney

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

MOTHER 15. MAIDEN NAME Eliza Fletcher

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

17. INFORMANT Record Clerk (ADDRESS) KC. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 13-33

19. UNDERTAKER R.V. Lindsey & Sons, Inc. (ADDRESS) K.C. Mo.

20. FILED March 17 1933 M.M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1933 to 3-10, 1933

I last saw her alive on 3-10, 1933 Death is said to have occurred on the date stated above, at 11:AM in _____.

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

Hypostatic Pneumonia
Edema of Brain
Date of onset _____

Other contributory causes of importance: _____

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 _____, 1933

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. Bennett, M. D.
(Address) S. of K.C. Gen. Hosp. pl. cm

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.

