

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

Do not use this space.

16600

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Gen. Hoop)

Registration District No. 389
Primary Registration District No. 1007

File No. 2095
Registered No. 2095
St. _____ Ward _____

2. FULL NAME

Mrs Mary Hart
(a) Residence, No. 2624 E 6th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 18

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Manie Long
2624 E 6th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 16, 1933

19. UNDERTAKER (ADDRESS) W. W. Newcomer
2111 E 9th St.

20. FILED May 15, 1933 3:37 p.m. Wm. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13/33

22. I, Dwight C. Crowe, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, 10:00 A.M.

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

Bunch pneumonia

Other contributory causes of importance: _____

1860

Name of operation _____ Date of _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury _____

Where did injury occur? 2624 E 6th St. Kansas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fallen steps at home
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Dwight C. Crowe (Address) 1200

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.

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M. P. X

