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.

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

Do not use this space.

19672

File No. 2383

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME Mary Belle Shulthis

(a) Residence, No. 507 N. Penn, [illegible] Ward. Independence, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 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 (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert W. Shulthis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk 1862

7. AGE: YEARS 71 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 25B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 97

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 1180

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

FATHER

13. NAME: Albert Sewell

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

MOTHER

15. MAIDEN NAME: Tabitha Mainord

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

17. INFORMANT (ADDRESS): Ernest Sewell 533 N. Penn. Independence Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Independence Kan DATE 6/7 1933

19. UNDERTAKER (ADDRESS): R. A. Fulton 1319 N. 18 Kansas City Kans.

20. FILED June 7, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/5/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1926, to 6-5, 1933

I last saw her alive on 6-5, 1933. Death is said to have occurred on the date stated above, at ....m.

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

Manutrition. Senility. Persistent vomiting of unknown origin.

Date of onset

Other contributory causes of importance: Pulming T.B. 23 general artered sclerosis

Name of operation — Date of

What test confirmed diagnosis? Autopsy 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 ....., 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) Donald Black, M. D.

(Address) 924 Pry Bldg K.C. Mo