

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

Do not use this space.

19893

1. PLACE OF DEATH

County Jackson Registration District No. 299 File No. 19893
 Township Howe Primary Registration District No. 1002 Registered No. 2609
 City Kansas City (No. Trinity Lutheran Hosp St. 2609 Ward)

2. FULL NAME

(a) Residence, No. 4234 Bell St. _____ Ward _____
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-9-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

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

13. NAME Danielson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) A. F. Frank
20. Bond, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Trinity Hill 6/23/33

19. UNDERTAKER (ADDRESS) Mrs. C. K. Foster
918 Brooklyn Ave

20. FILED 6-23, 1933 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 27 - 1933

22. I HEREBY CERTIFY That I attended deceased from June 20, 1933, to June 22, 1933
 Last saw her alive on June 21st, 1933 Death is said to have occurred on the date stated above, at Trinity.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage. Date of onset 6/19-33

Other contributory causes of importance:
Diabetes mellitus
Arterio Sclerosis
Arterio Sclerosis mellitus

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 _____, 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) M. M. Crane, M. D.
 (Address) 836 Prof. Bldg.

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.

man 5840f

D. Trimble

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