

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

Do not use this space.

26639

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township North Primary Registration District No. 1002
City Kansas City (No. North Ave)

File No. _____
Registered No. 3392
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. North City Ave
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred / yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Dr S B Hatch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28-1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>New York</u>		
FATHER	13. NAME <u>John Johnston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Ellen McFarland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT <u>Miss Louise Hatch</u> (ADDRESS) <u>2715 Lenwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High St Burial</u> DATE <u>Aug 1933</u>		
19. UNDERTAKER <u>Dr. W. W. Crowe</u> (ADDRESS) <u>2111 East 9th St</u>		
20. FILED <u>8-25</u> <u>33</u> <u>M. M. Crowe</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19____, to Aug 24, 1933
I last saw her alive on Aug 24, 1933. Death is said to have occurred on the date stated above, at 9:10 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
hypertension
Aortic & Mitral Valve Insufficiency
Other contributory causes of importance:
hypertension
Aortic & Mitral Valve Insufficiency
Name of operation none Date of _____
What test confirmed diagnosis clinical 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? _____
If so, specify _____
(Signed) R. K. Clapp, M. D.
(Address) 1103 Grand

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.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

