

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.

29873

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City, Mo.

Registration District No. 389
Primary Registration District No. 1002

File No. 2799
Registered No. 2799
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4842 Harrison 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 — — 9

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

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) Cashlaure Ark

13. NAME Robt Locke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Teratang Ark

15. MAIDEN NAME Ellen Bailey

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

17. INFORMANT Oscar Edward

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffeyville, Kas DATE 27 Sept 1933

19. UNDERTAKER Boyle Bros (ADDRESS) 1708 Tracy

20. FILED 9/26 1933 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25/33, 1933

22. I hereby certify 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 _____ m.

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

Chronic atherosclerosis (Sclerosis) Date of onset _____

Other contributory causes of importance:

923
940 no 936

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

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) [Signature], M. D.

(Address) [Address]

