

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

Do not use this space.

33028

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Yeast Primary Registration District No. 1002  
 City Kansas City (No. 420 General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3961

**2. FULL NAME**

(a) Residence, No. 3918 Central St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>		4. COLOR OR RACE <u>W.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David H. Trask</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1, 1854</u>					
7. AGE		YEARS <u>0 78</u>	MONTHS <u>11</u>	DAYS <u>54</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>Iowa</u>					
MOTHER FATHER	13. NAME <u>John Walker</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>				
	15. MAIDEN NAME <u>Kathryn Rankin</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>				
17. INFORMANT (ADDRESS) <u>Reverend Clerk K.C. Gen. Hosp. 720 W.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B. M. ...</u> DATE <u>Oct. 10/6 1933</u>					
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary K.C. Mo.</u>					
20. FILED <u>10/8 1933</u> <u>M. M. Kerowe</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-14-1933 to 10-5-1933

I last saw her alive on 10-5-1933 Death is said to have occurred on the date stated above, at 11:32 AM

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis with cardiac decompensation  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
930 930  
950 930

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) J. J. Bennett M. D.  
 (Address) 10-6-33 K.C. Mo.

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.

NOV 10 1933

AUG 23 1955

DEC 29 1950