

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Sulphur Apts. 140 Central)

Registration District No. 309
Primary Registration District No. 1000

File No. 33064
Registered No. 3997
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1214 Central St., _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23, 1884
7. AGE YEARS 49 MONTHS 7 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress
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) Jawa
13. NAME Kelly Elder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa
15. MAIDEN NAME Manda Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa

17. INFORMANT Nelson Mc Kea (ADDRESS) R.C. 110

18. BURIAL, CREMATION, OR REMOVAL PLACE Jessfield, Iowa DATE 10-10-33

19. UNDERTAKER Kapitana Mortuary (ADDRESS) R.C. 110

20. FILED 10/16/33 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1933
22. Henry E. Spier M.D. attended deceased from _____, 19____. I am a _____ 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:
acute myocardial infarction
acute pulmonary edema
93C

Other contributory causes of importance:
111B
LA 012

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) [Signature]
(Address) _____

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.

FURTHER ENLARGING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

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