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.

36389

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4293
City Kansas City (No. 5247 Highland St. Ward)

2. FULL NAME Mrs. Janet Munro
(a) Residence, No. 5247 Highland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 26th. 1849.
7. AGE: YEARS 84 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Scottland

FATHER
13. NAME John Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottland

MOTHER
15. MAIDEN NAME Agnes Pitcairn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottland

17. INFORMANT (ADDRESS) Dr. John P. Munro Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Levenworth Ks. DATE 11-3 1933
19. UNDERTAKER (ADDRESS) The Freeman Mortuary Kansas City Mo.
20. FILED 11-2 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933, to Nov 1, 1933
I last saw her alive on Nov 1, 1933. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 21/33
111B	
162	

Other contributory causes of importance:
Senility

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) Dr. L. J. Graham, M. D.
(Address) 811 Chambers Bldg

Dr. [illegible] of [illegible] -
Chambers Bldg -
120 [illegible]

1:30 to 2:30