

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

Do not use this space.

36427

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 310)

Registration District No. 300
Primary Registration District No. 4552
Monitor Place

File No. _____
Registered No. 4338
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 310 Monitor place St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 0 26

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) Chickataw Kla.

13. NAME John W. Grady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marys County Mo.

15. MAIDEN NAME Vina Jane Livens

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

17. INFORMANT William Hart
(ADDRESS) 2310 Monitor place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Nov. 8 1933

19. UNDERTAKER Fairweather-Werner
(ADDRESS) Kansas City, Kansas

20. FILED Nov. 6 1933 M. M. Carome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1- 1933, to 11-6 1933

I last saw her alive on 11-5 1933. Death is said

to have occurred on the date stated above, at 8:35 am.

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

Broncho Pneumonia 11-1-33

101A

101B

Other contributory causes of importance none

Name of operation no Date of _____
What test confirmed diagnosis physical 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? no
If so, specify _____

(Signed) W. H. Stoll M. D.
(Address) 710 Pleasant St. 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.

102-29
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