

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

Do not use this space.

36673

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Raw Primary Registration District No. 1003
 City Kansas City (No. 72 General Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 4596
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4317 Spruce St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. McCreary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1888</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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)
Mo

13. NAME Sam Biggs

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

15. MAIDEN NAME Melissa Smille

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

17. INFORMANT Reyna Clark
(ADDRESS) 2000 General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-24-1933

19. UNDERTAKER Mr. E. J. Foster
(ADDRESS)

20. FILED Nov 23, 1933 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-31-1933 to 11-22-1933

I last saw him alive on 11-22-1933 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Mural Thrombosis at ankle with infarct
blister

Other contributory causes of importance:
95

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) P. F. De Maria, M. D.
 (Address) 2000 General Hosp

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.

TAX 8

