

AN 26 1934

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

Do not use this space.

40343

1. PLACE OF DEATH

County **Jackson** Registration District No. **339**  
Township **Kaw** Primary Registration District No. **7062**  
City **Kansas City** (No. **112 E., 43rd St.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **5153**

2. FULL NAME **Mrs. Henrietta B. Mc Caslin**

(a) Residence, No. **112 East 43rd. St.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **5** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dr. C. H. Mc Caslin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sep. 29th. 1852.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
**81 3**

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) **Clear Spring** (STATE OR COUNTRY) **Indiana**

13. NAME **Christian Branama**

14. BIRTHPLACE (CITY OR TOWN) **Indiana** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Wells**

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

17. INFORMANT **Dr. C. H. Mc Caslin** (ADDRESS) **Kansas City Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Moriah** DATE **1/2/34** 19.

19. UNDERTAKER **The Freeman Mortuary** (ADDRESS) **Kansas City Mo.**

20. FILED **1/31** 19**33** **M. M. Croone** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 29th. 33**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 11** 19**33** to **Dec 29** 19**33**

I last saw h. e. alive on **Dec 29** 19**33** Death is said to have occurred on the date stated above, at **7:45** P. M.

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

**Chronic Myocarditis**  
**9th and 10th**  
**Arterial Regulator**  
**13C**  
**IMA**  
**Bronchopneumonia**  
Date of case **9/11/30**

Other contributory cause of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Observation** 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) **Sherron E. Mella** M. D.  
(Address) **807 Lathrop Bldg. 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.

St. X. C. ...

801 Kattappa Bldg  
to 1:00

then from 2: to 4