

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

Do not use this space.

1091

**1. PLACE OF DEATH**

County Jackson Registration District No. 388  
 Township Jackson Primary Registration District No. 1003  
 City Kansas City No. 120 General Hosp St. 56 Ward

**2. FULL NAME**

(a) Residence, No. 4163 Swansea Rd Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 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>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MORTHS
<u>67</u>	<u>71</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
MOTHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Reverend office General</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Calvary</u>	<u>1-6-34</u>	
19. UNDERTAKER (ADDRESS) <u>Quinn &amp; John</u>		
20. FILED <u>Jan 5 1934 M. M. Cronin</u> <u>Registrar</u>		

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1933 to 1-3, 1934  
 I last saw her alive on 1-3, 1934 Death is said to have occurred on the date stated above, at 8:25 PM  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset \_\_\_\_\_  
Chr. Interstitial Nephritis

Other contributory causes of importance:  
15/17 10/11 [51]

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy 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) P. H. De Marco M. D.  
 (Address) Asst. Capt. 120 Gen. Hosp

WRITE PLAINLY, WITH UNFAADING 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.

31  
31  
31

