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.

1094

File No. 59

Registered No.

1. PLACE OF DEATH

County Jackson

Township ~~Kaw~~

City Kansas City (No. St. Joseph Hospital St. Ward)

Registration District No. 855

Primary Registration District No. 1003

2. FULL NAME Mrs. Dell Mack

(a) Residence, No. 922 E. 30th 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 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ————————

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11/1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	10	24	

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) Missouri

FATHER

13. NAME Harvey S. Buck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Louise Lewis

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

17. INFORMANT James H. Mack
(ADDRESS) 922 E. 30th St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation Elmwood DATE 1/6/34 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED Jan 5, 1934 M. M. Carsonne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 '34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933, to Jan 5, 1934

I last saw her alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Lobar Pneumonia	
10 d	
10 d	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? 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) Hugh G. Gerlmy M. D.

(Address) 303 Wertheim Bldg. K.C. Mo

Dr. Gestring
Wirthman Bldg
3102 Troost