

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

Do not use this space.

1537

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1. PLACE OF DEATH  
 County Jackson Registration District No. 401  
 Township Van Buren Primary Registration District No. 5-5-6  
 City Lone Jack (No. Colburn & Outer St. \_\_\_\_\_ Ward \_\_\_\_\_  
Belt Road.)

2. FULL NAME Mary Elizabeth Munro  
 (a) Residence, No. 835 W. 39th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) K.C. Mo. (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 Fe  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Ontario  
 (STATE OR COUNTRY) Canada

13. NAME Alexander Munro

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

15. MAIDEN NAME Isabelle McKenzie

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

17. INFORMANT James Munro  
 (ADDRESS) Lone Jack

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Washington DATE 1-29 1934

19. UNDERTAKER R.V. Lindsey & Sons, Inc.  
 (ADDRESS) 3811 Broadway,

20. FILED Feb. 3, 1934 Vernie E. Yankee  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1933 to Jan 26 1934  
 I last saw her alive on Nov 12 1933 Death is said to have occurred on the date stated above, at 5:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
(had been at St. Louis for 2 years)  
of 1933

Other contributory causes of importance:  
92A Myocardial degeneration  
for 1 year with  
diarrhea

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. J. Feilinger M. D.  
 (Address) 2 E. 39th St. K.C. Mo.

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.

FEB 27 1934

OCCUPATION

FATHER

MOTHER

