

MAR 24 1934

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

Do not use this space.

4834

1. PLACE OF DEATH

County Jackson
Township Kato
City K.C. Mo. (No. 4012 WARWICK)

Registration District No. 300
Primary Registration District No. 1002

File No. _____
Registered No. 551
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4012 WARWICK 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1 1958*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 9

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

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 *F. Caswell Estis*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*15. MAIDEN NAME *Miss Martha Skaggs*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*17. INFORMANT *Miss Ella James* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Pleasant Hill* DATE *Feb 6 1934*19. UNDERTAKER *W. W. Lee* (ADDRESS) *Pleasant Hill Mo.*20. FILED *2-4 34* *M. M. Lowe* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-4 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan 29 1934* to *Feb 4 1934*I last saw her alive on *Jan 3 1934*. Death is saidto have occurred on the date stated above, at *2:30* m.

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

Cerebral hemorrhage Date of onset *Jan 2 1934*
82A
97
102

Other contributory causes of importance:

Hypertension
arterio-sclerosis
Name of operation *none* Date of _____
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *none* Date of injury _____, 19____Where did injury occur? *none*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*Nature of injury *none*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Edward H. Harrison, M. D.*(Address) *810 Kessler Bldg*
K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

