

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

Do not use this space.

1 FEB 24 1934

4967

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 100
 City Kansas (No. St. Anthony's Home St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. St. Anthony's College 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/8/1932</u>		
7. AGE YEARS	MONTHS	DAYS
<u>1</u>	<u>11</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
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
		<u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kc Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Luell Hinkle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Miss Massey</u> <u>St. Anthony's Home</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>Feb 14 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Funeral Home</u> <u>Sumner - Manchester St</u>		
20. FILED <u>13</u> 1934 <u>M. M. Grover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13-1934 to 2-13-1934.
 I last saw her alive on 2-13-1934 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Stasis Thymus Lymphaticus
67
 Date of onset _____
 Other contributory causes of importance:
No. phylaxia
67

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? No
 If so, specify _____
 (Signed) Arthur A. Shotts M. D.
 (Address) 7321 E 30 ch st
Warren City 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.

