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.

APR 25 1934

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

Do not use this space.

8823

File No. 1005

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No. [illegible]

Township ~~K-A-W~~ — Primary Registration District No. 100

City KANSAS CITY (No. 3623 CLEVELAND St. Ward)

2. FULL NAME MRS. ANGELINE DEMAREE

(a) Residence, No. 3623 CLEVELAND St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 8 1848

7. AGE: YEARS 85 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

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) INDIANA

FATHER

13. NAME WILLIAM WOOLY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. DEAN A. SMITH 3623 CLEVELAND AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE MARCH-3 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 3/4 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to Mar. 1, 1934

I last saw her alive on Mar 1, 1934. Death is said to have occurred on the date stated above, at 9:15 P.m.

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

Chronic Myocarditis
93C
11F

93C

Date of onset

Other contributory causes of importance:
Asthma for many years.

Name of operation — Date of —

What test confirmed diagnosis? Symptoms 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) O. H. Butler, M. D.
(Address) 3700 Benton Blvd.

3700- Benton Blvd.
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