

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

Do not use this space.

9005

APR 25 1894

PLACE OF DEATH

County Jackson Registration District No. 309
 Township Law Primary Registration District No. 1002
 City Kansas City (No. 1325) Brooklyn St. _____ Ward _____

File No. _____
 Registered No. 1202
 St. _____ Ward _____

2. FULL NAME

Cynthia M. Culley Ward _____

(a) Residence, No. 1325 Brooklyn
 (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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie M. Culley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 8 16
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-19-34, 1934, to 3-12-34, 1934

I last saw h. or alive on 3-12-34 Death is said to have occurred on the date stated above, at 745 19 m.

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

mitral insufficiency
131
92A
13
 Other contributory causes of importance:
Interstitial Nephritis
 Date of onset 1-1-34

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cannula 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 _____, 1934

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?
 If so, specify _____

(Signed) R. H. Norwood, M. D.
 (Address) 2340 Federal, J.C.S. - me

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 FATHER 13. NAME Richard Regler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.
 MOTHER 15. MAIDEN NAME Martha
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Addie M. Culley
 (ADDRESS) 1325 Brooklyn
 18. BURIAL, CREMATION OR REMOVAL PLACE Hopland DATE 3/16 1934
 19. UNDERTAKER Watkins Bros.
 (ADDRESS) 17th & 4th
 20. FILED 3-16 34 M. M. Crowe
asst Registrar.

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.

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