

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

Do not use this space.

16599

1. PLACE OF DEATH

County Jackson
Township 42000
City Kansas City (No. 42 General)

Registration District No. 399
Primary Registration District No. 1708

File No. _____
Registered No. 155 (Ward)

2. FULL NAME

Ida Mae Butler

(a) Residence, No. 1930 Cypress Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Walter Dunn

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

15. MAIDEN NAME Georgia Owens

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

17. INFORMANT (ADDRESS) Peard Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 5-5-34

19. UNDERTAKER (ADDRESS) Swift Tobin

20. FILED 5-2-34 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1934 to 5-1, 1934

I last saw her alive on 5-1, 1934 Death is said to have occurred on the date stated above, at 6:35 am

The principal cause of death and related causes of importance were as follows: Pericardial Curvature with adhesive Pericarditis Date of onset _____

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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) J. H. Gammell M. D.

(Address) Sup't. Gen'l. Hoop

JUN 1 5 1934

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.

