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.

JUN 19 1934

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

Do not use this space.

16646

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township [illegible] — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 2834 Harrison St. Ward)

2. FULL NAME Mrs. Ida M. Daley

(a) Residence, No. 2834 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27th. 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	7	7	

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) Ill.

FATHER

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT R. F. Daley (ADDRESS) 2834 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concord Ill. DATE 5/5/34, 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED May 5, 1934 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th, 1934

22. I HEREBY CERTIFY That I attended deceased from [illegible], 19

I last saw h... alive on ..., 19 Death is said to have occurred on the date stated above, at PM m.

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

Coronary Thrombosis — Date of onset

Chronic myocardial infarction

Other contributory causes of importance: No 932

Name of operation Culbrey Date of

What test confirmed diagnosis? 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, 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?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]