

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1002

City Kansas City

No. 3431

Hardesty

2. FULL NAME

(a) Residence, No. 3431

Hardesty St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

John Blackwell

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

May 25, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

11

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Pine Bluff Ark.

FATHER

13. NAME

Gabriel Wilkerson

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

Miss.

MOTHER

15. MAIDEN NAME

Wilkerson

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

11

17. INFORMANT (ADDRESS)

John Blackwell 3431 Hardesty

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge

DATE May 25, 1934

19. UNDERTAKER (ADDRESS)

Adkins Bros. 2000 E. 12th

20. FILED

May 24, 1934 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-20-1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar 10-1933, to 19

I last saw her alive on 5-19-1934

Death is said to have occurred on the date stated above, at 12:00 a.m.

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

Myocarditis-acute

9230

95B 9301

Other contributors to cause of importance:

Dilatation of Heart

(acute)

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed)

(Address)

2200 E. 12th St.

