

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

Do not use this space.

16931

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kennett Primary Registration District No. 2002
 City Kansas City 708 N. 48th St.

File No. 16931
 Registered No. 2500
 St. _____ Ward _____

2. FULL NAME

Maggie Ray
 (a) Residence, No. 708 N. 48th St. _____ Ward _____
 (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 3 8

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) Hammersville Mo.

13. NAME Unknown

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

15. MAIDEN NAME Mamie Jackson

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

17. INFORMANT (ADDRESS) Cliff Ray 708 N. 48th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nighland DATE 5/25 1934

19. UNDERTAKER (ADDRESS) Dr. J. P. Brown, Under Co. 1724 Myrtle

20. FILED May 24 3 11 m. m. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1934, to May 22, 1934
 I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 2:45 a. m.

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

Ischio-Pectal Abscess Date of onset 1933
1736

Other contributory causes of importance: X

Name of operation Brain abscess Date of 4/14/34
 What test confirmed diagnosis? all tests 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? _____
 If so, specify _____

(Signed) L. B. Suggenheim, M. D.
 (Address) 1516 Broad

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

RECORDED WITH UNFADING INK—THIS IS A PERMANENT RECORD

