

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. St. Joseph Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 16941  
Registered No. 2310  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Garfield, Kansas 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51      2      17

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) Illinois

13. NAME Edward Hydorn

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

15. MAIDEN NAME Emma Evans

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

17. INFORMANT Mrs Herbert Jones (ADDRESS) Garfield, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Garfield, Kansas DATE 5-25 1924

19. UNDERTAKER W. C. R. (ADDRESS) \_\_\_\_\_

20. FILED May 25, 1924 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to May 24, 1934  
I last saw her alive on May 24, 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Apoptotic crisis  
Post-operative thyroid crisis  
66E  
68D  
Other contributory causes of importance:  
Toxic myocarditis  
Pulmonary edema

Name of operation Thyroidectomy Date of 5-22-34  
What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_  
(Signed) C. A. McQuire, M. D.  
(Address) Professional Bldg  
N. C. Mo.

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 10 1934

2350

31

31

M. Liberman