

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

Do not use this space.

17030

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo (No. Menorah Hospital)

File No. _____
Registered No. 2399
St. _____ Ward _____

2. FULL NAME MRS JESSIE TAKA DASS.

(a) Residence, No. Dixon Hotel St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alano Taka Dass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-24-34</u>		
7. AGE <u>24</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Okla</u>		
FATHER	13. NAME <u>M. M. Crabtree</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>Alano Taka Dass</u> (ADDRESS) <u>Dixon Hotel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Vault</u> DATE <u>May 30, 34</u>		
19. UNDERTAKER <u>J. P. Louis Funeral Home.</u> (ADDRESS) _____		
20. FILED <u>5/31 34</u> <u>mmmmmm</u> <u>deat</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 34. 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1934, to 5-28, 1934
I last saw h. ea. alive on 5-24, 1934. Death is said to have occurred on the date stated above, at 5.00Pm.
The principal cause of death and related causes of importance were as follows:
108
Lobar pneumonia
Right lower & middle lobes
Date of onset 5-24/34

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray. 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? NO
If so, specify _____
(Signed) A. Morris Suster, M. D.
(Address) 724 Argyle Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

