

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 Franklin Primary Registration District No. 2002 File No. 17046
City Merriam (No. Lakeside Hospital) Registered No. 2420 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2302 W 29th St Ward. MERRIAM, KANSAS
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-5-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 4 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MERIDEN CREAMERY Co.

10. Date deceased last worked at this occupation (month and year) MAY 1934 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) EDGERTON (STATE OR COUNTRY) KANSAS

13. NAME ALFRED BURTON DILLE

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

15. MAIDEN NAME MARY LENNING

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

17. INFORMANT MRS. MARY A. HULETT (ADDRESS) MERRIAM, KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE EDGERTON, KANS. DATE JUNE-2 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6-21 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to May 31 1934. I last saw her alive on May 31 1934. Death is said to have occurred on the date stated above, at 5:40 P.M.

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

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13 3/4 10 3/4
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Other contributory causes of importance: Polycystic Kidneys

Name of operation _____ Date of _____
What test confirmed diagnosis? by 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? _____
If so, specify _____

(Signed) Mary Leone McNeely, M.D.
(Address) 200 Tower Bldg 116 W 47th St
K.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.

JUL 17 1934

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

