

**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

399

Registration District No. _____
Primary Registration District No. 1002
(No. 5427 Baltimore Avenue)

File No. 20321
Registered No. 2481
St. _____ Ward _____

2. FULL NAME

Martha Katherine Boor
(a) Residence, No. 5427 Baltimore Avenue St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Van F. Boor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1867

7. AGE YEARS 66 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
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) Chariton County Missouri

FATHER 13. NAME Thomas Gunn

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

MOTHER 15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Van F. Boor (ADDRESS) 5427 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mansfield, Mo DATE 6 6 1934 Morial Cemetery

19. UNDERTAKER Stuef No. 10 (ADDRESS) 3235 Millham Place

20. FILED 6-5 1934 mmh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 1934, to Jun 4 1934
I last saw her alive on Jun 4 1934. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis (acute dilatation - sudden death)
Other contributory causes of importance: Pneumonia last year

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. S. Melle, M. D.
(Address) 6032 Professional

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.

MAY 17 1934

W. G. Lee
Professional Bldg.
No 4525