901

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

Do not use this space.

24589

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township [redacted] — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 1837 Pendleton St. Ward)

2. FULL NAME Mary Elizabeth Reddick
(a) Residence, No. 1837 Pendleton St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alexander L. Reddick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9, 1849

7. AGE: YEARS 85 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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): Rome Georgia

FATHER
13. NAME: Alfred W. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Mary Elizabeth O'Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Marianna Reddick 1837 Pendleton

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Washington DATE July 18, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Place

20. FILED July 18, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to July 5, 1934
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset

52

Other contributory causes of importance:

Chronic interstitial Nephritis — Carcinoma of tongue

Name of operation 1 von Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [signature], M. D.
(Address) 901 Shoppe Bldg Kansas City M. D.

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.

AUG 21 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]