

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

Do not use this space.

SEP 30 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. 1218 West 38th) St. _____ Ward _____

File No. 29572
 Registered No. 309

2. FULL NAME

MARY WILMOTH FREDERICK

(a) Residence, No. 1218 West 38th 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Andrew Frederick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 1852 August 27, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	10	20	

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) Roanoke Missouri

13. NAME William Booker Woodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

15. MAIDEN NAME Martha Caroline Lockridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Missouri

17. INFORMANT Bernice Frederick (ADDRESS) 1218 West 38th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE Aug 29, 1934

19. UNDERTAKER Stinet Mc Cleary (ADDRESS) 7325 William Plaza

20. FILED 8 28 1934 M. M. Osborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934 to Aug 27, 1934
 I last saw her alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at _____ P. _____ m. 1:30

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

Cerebral hemorrhage with following paralysis
Heat Prostration
3 weeks ago
 Date of onset 2 weeks ago

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? no
 If so, specify _____
 (Signed) E. H. Furlinger M. D.
 (Address) 726-31 Ogden Bldg.
N.C. Ho

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.

RECORD

Original

Handwritten

11-5