

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

Do not use this space.

OCT 17 1934

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 2322)

Registration District No. 399  
Primary Registration District No. 1002  
Ward Montgall

File No. 29634  
Registered No. 4711  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2322 Montgall St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Fr. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1900

7. AGE YEARS 33 MONTHS 8 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dixie Hotel  
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) Excelsior Spgs. Mo.

MOTHER - 13. NAME Marshall Evans

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

MOTHER - 15. MAIDEN NAME Ada Hewitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Byron Davis, husband (ADDRESS) 2322 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Spgs DATE no 9/4 1934

19. UNDERTAKER W. J. Hayes Bros. (ADDRESS) 179 Hayes

20. FILED 9-4- 19 34 M. J. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31- 1934 to 8-31- 1934  
I last saw her, alive on 8-3-34 1934 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Uterine Labor  
Pneumonia  
106 106  
Other contributory causes of importance:  
Uterine Pneumonia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? no Was there an autopsy? \_\_\_\_\_

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) F. J. Dougherty, M. D.  
(Address) 220 E. 18

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.

29634

Mr. Haugh.