

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

Do not use this space.

NOV 13 1934

36223

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. St. Joseph Hospital)

File No. \_\_\_\_\_  
Registered No. 4726  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jeannette Marie Mann

(a) Residence, No. 730 East 72nd St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 yrs. 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) Inft.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24th, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inft.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Data deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

13. NAME J. B. Mann

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

15. MAIDEN NAME Ellen Dolson

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

17. INFORMANT J. B. Mann (ADDRESS) 730 E. 72nd St. Conn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Calvary DATE 10.25/34

19. UNDERTAKER W. P. Cherry (ADDRESS) City

20. FILED Oct. 26, 34 M. M. Crowe Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1934 to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Oct. 24, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Central Hemorrhage  
10/24/34  
Other contributory causes of importance:  
Atelectasis

Name of operation Foreign Retriever Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Vincent J. Williams, M. D.

(Address) 736 Maple St.

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.

Dr. V. C. Williams

1870

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above named matter. I have conferred with the Board of Directors and they have decided to grant you a license to sell the same in the county of ... for the term of ... years.

I am, Sir, very respectfully,  
 Yours truly,  
 J. C. Williams