

DEC 18 1934

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

Do not use this space.

39366

1. PLACE OF DEATH

County Jackson
Township Keok
City Kansas City (No. 5700 Tracy Street)

Registration District No. 399
Primary Registration District No. 1007

File No. 4872
Registered No. 4872
St. _____ Ward _____

2. FULL NAME Mrs. Mary Caroline Victor(a) Residence, No. 5700 Tracy St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Widowed | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1840 | | |
| 7. AGE 94 | YEARS 0 | MONTHS 8 |
| | | DAYS 8 |
| | | 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) Alabama
(STATE OR COUNTRY)13. NAME Archibald Mitchell14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Harris16. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)17. INFORMANT E. R. Victor
(ADDRESS) 5700 Tracy St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Nov. 7 193419. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street20. FILED Nov. 6 1934 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 5** 1934

22. I HEREBY CERTIFY That I attended deceased from May 11 1934 to Nov. 4 1934
I last saw her alive on Nov. 4 1934. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Nephritis
Chronic Interstitial

Other contributory causes of importance:

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 See Thompson M. D.
(Signed) 6002 Cherry
(Address) _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. Geo. Thompson
6002 Clearing
Wood