

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

39440

## 1. PLACE OF DEATH

County JacksonRegistration District No. 39Township NewPrimary Registration District No. 1320City Kansas City(No. 1320)East 27thW. 27File No. 41951Registered No. 41951St. Mo.Ward 1

## 2. FULL NAME

Sallie Mayfield Rizer(a) Residence, No. 1320 East 27thSt. Mo.Ward 1

(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

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 OFO. D. Rizer

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

September 27, 1863

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.71115

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At home9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Arkansas

## FATHER

## 13. NAME

Johnathon Mayfield14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tennessee

## 15. MAIDEN NAME

Garner16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tennessee17. INFORMANT  
(ADDRESS)Russell Rizer  
1320 East 27th St

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Mo

DATE

Nov 14

1934

19. UNDERTAKER  
(ADDRESS)Stine & McClure  
3235 Millbrook Ave20. FILED 11-13

1934

M. M. Crowe

east Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 27, 1931, to Nov 10, 1934I last saw her alive on Nov 10, 1934. Death is saidto have occurred on the date stated above, at P. 8 m.

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

Myocardial Degenerationwith decompensation Aug 1934

Date of onset

Other contributory causes of importance:

Thyroidal Hypertrophy 3 yrswith atrophic degenerationHypertension

Name of operation

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 no, 19no

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) David B. Robinson M. D.(Address) 928 W. 13th Bldg KC Mo

Dr L. W. Garrison