

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

Do not use this space.

APR 26 1935

399

9125

1. PLACE OF DEATH

County Jackson
Township Blue
City Kansas City

Registration District No. 8007
Primary Registration District No. K. C. T. B. Hospital

File No. _____
Registered No. _____
St. 10th Ward

2. FULL NAME

Miss Mary Hayes
(a) Residence, No. 4701 Cleveland

St. _____ Ward _____

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 15, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>40</u>	<u>10</u>	<u>25</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Kentucky

13. NAME S. Spiegel

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

15. MAIDEN NAME Reynolds

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

17. INFORMANT K. C. T. B. Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Mar. 11-35

19. UNDERTAKER C. H. Blackburn & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K. C. Mo.

20. FILED 3-11 1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933, to March 10, 1935
I last saw h. k. alive on March 10, 1935 Death is said to have occurred on the date stated above, at 5:37 P.

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

Pulmonary tuberculosis
Tuberculous meningitis

Date of onset 1933

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? specimen Was there an autopsy? no

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) J. Hoffman, M. D.
(Address) K. C. Tuberculosis Hospital
Leeds, Missouri

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.

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