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.

MAY 24 1935

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

Do not use this space.

12759

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Blue~~ — Primary Registration District No. 1002
City Kansas City, Mo. (No. , Leeds Sanitarium St. 1450 Ward)

File No.
Registered No.

2. FULL NAME Naomi Street,
(a) Residence, No. 633 Kansas Ave. Kansas City, Ward Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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: Harold McChiey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8-1912

7. AGE: YEARS 23 — MONTHS 0 — DAYS 23 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Resturant
10. Date deceased last worked at this occupation (month and year): 1-15-35
11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erick Oklahoma

FATHER
13. NAME: McClennan Street,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Mary Dorrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marcellene Mo.

17. INFORMANT (ADDRESS): Mrs. George Houston, 633 Kansas City, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE April 4 1935

19. UNDERTAKER (ADDRESS): Jos. A. Butler & Son K. C. K.

20. FILED 4-4 1935 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1934, to 4/1/35, 1935
I last saw her alive on 4-1, 1935 Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 2 yrs |
| 22 | |
| Other contributory causes of importance: | |
| Pul Hemorrhage | 1 day |

Name of operation None Date of
What test confirmed diagnosis? Sp. Sputum 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, 19
Where did injury occur? None (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) [signature] M. D.
(Address) Kansas City Mo