66875 3-20-35

Dill MAY 24 1935 3-22-35

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

Do not use this space.

12796

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kans~~ — Primary Registration District No. 1002 — Registered No. 1493

City K. C. Mo. (No. 1015 - East 29 th St. Ward)

2. FULL NAME Effie Belle Espy See

(a) Residence, No. 1015 E. 29 th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm V. See

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-17-1868

7. AGE: YEARS 66 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) Kansas

FATHER

13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Wm V. See (ADDRESS) 1015 - East 29 th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April-8-35

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn, ave.

20. FILED 4-7, 1935 M. M. Crowe ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from About 1933, to April 3, 1935

I last saw her alive on 8 A M April 3, 19.... Death is said to have occurred on the date stated above, at 3:34 P M

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

Decompensation of Heart with acute dilation of left Ventricle

Date of onset

Other contributory causes of importance:

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? ..... 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) Harry S. Lane, M. D.

(Address) 1414 E. 27, K. C. Mo

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.

14 KU 827