

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

Do not use this space.

13041

MAY 9, 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 3002
 City Kansas City (No. 2243, Brighton) St. Ward

2. FULL NAME

(a) Residence, No. 3474 E. 19th. St. Ward.
 (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Haas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 5 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
 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) Mo.

13. NAME Benjamin Morgan

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

15. MAIDEN NAME

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

17. INFORMANT Lola M^cGowan
 (ADDRESS) 611 E 25

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tracela A. Weston DATE April 24, 1935

19. UNDERTAKER Ross & Anderson
 (ADDRESS) 15 + Jackson

20. FILED 4-24 1935 M. M. Crowe, reg.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1935

22. I HEREBY CERTIFY, that I attended deceased from April 22, 1935, to Apr 22, 1935
 I last saw her alive on April 22nd, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris. Date of onset

Other contributory causes of importance:
acute indigestion

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes.....

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) Fred A. Hammer, M. D.
 (Address) 1311 Indiana ave

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.

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

