

24 1935

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

Do not use this space.

16732

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Mercy Hosp. Primary Registration District No. Mercy Hospital
City Kansas City St. 225 Ward

2. FULL NAME

(a) Residence, No. 1838 Hedges Indep. Mo. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Independence (STATE OR COUNTRY) Missouri

13. NAME Stanley Street

14. BIRTHPLACE (CITY OR TOWN) Worthington (STATE OR COUNTRY) England

15. MAIDEN NAME Mayme Cruse

16. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Stanley Street
1838 Hedges Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL Methodist Cem. Indep. Mo. May 31, 1935

19. UNDERTAKER (ADDRESS) Att. + Mitchell
Independence Missouri

20. FILED May 31, 1935 M. M. Crowe, cash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/35 1935

22. I HEREBY CERTIFY, That I attended deceased from 10:00 to 2:40 P, 1935
I last saw him alive on 5/29/35 1935. Death is said to have occurred on the date stated above 2:40 P m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Date of onset) Post measles

Other contributory causes of importance: NO

Name of operation Autopsy Date of 5/29/35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury 5/29/35, 1935

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) [Signature], M. D.
(Address)

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.

