

JUL 2 2 1935

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

Do not use this space.

19695

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 107 East 30th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 230307
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 107 East 30th St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Shelley E. Oliver</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-10-1884</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs or min
	<u>50</u>	<u>8</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	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) <u>Lexington Kentucky Mo</u>				
FATHER	13. NAME <u>M. H. Birch</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Va</u>			
	15. MAIDEN NAME <u>Lina Bell Walsh</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Va</u>			
	17. INFORMANT <u>Everette Oliver</u> (ADDRESS) <u>Heggenwille Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia Mo</u> DATE <u>June 7, 1935</u>				
19. UNDERTAKER <u>H. F. Deussing</u> (ADDRESS) <u>Concordia Mo</u>				
20. FILED <u>6-7-35</u> M. M. <u>Corn</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-6-1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Date of onset _____

Other contributory causes of importance: 92

Name of operation Autopsy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

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

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.

