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.

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

JUL 22 1935

Do not use this space.

19745

1. PLACE OF DEATH

County Jackson — Registration District No. 1 9 — File No. 2395

Township Kan — Primary Registration District No. 1 0 — Registered No.

City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME Edna Metcalf

(a) Residence, No. 7528 Penn St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1898

7. AGE: Years 37 — Months 4 — Days 29 — 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) Mo.

FATHER

13. NAME Albert Nicol
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Mamie Kimball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE June 11, 1935

19. UNDERTAKER (ADDRESS) Mrs. C. J. Forster 6913 Brooklyn

20. FILED 6/10 1935 M. M. Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1935 to 6-9, 1935

I last saw her alive on 6-9, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Bilateral Embolic Gangrene both legs

Date of onset

121

Other contributory causes of importance:

Mitral Stenosis; Chronic Nephritis

Name of operation ..... 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) J H Jennett, M. D.

(Address) Supt K C Gen Hosp KC Mo