

JUL 2 2 1935

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

Do not use this space.

19748

1. PLACE OF DEATH

County JACKSON

Registration District No. 335

Township KAW

Primary Registration District No. 277

City KANSAS CITY

(No. 3855 EAST 62ND ST)

File No.

Registered No. 2339

St. Ward

2. FULL NAME

MARTHA AMELIA WARREN

(a) Residence, No. 3855 EAST 62ND St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDW. F. WARREN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 7-1845

7. AGE YEARS 89 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) NEW YORK

13. NAME JEROME B WYGARET

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

15. MAIDEN NAME CORDELIA POTWIN

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

17. INFORMANT MRS GERTRUDE W. CHAMBERLIN (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE NEBRASKA CITY NEB DATE JUNE-10-35

19. UNDERTAKER D W NEWCOMERS SONS (ADDRESS) K C MO

20. FILED 610 19 35 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 21st 1935 to June 9 1935

I last saw her alive on May 31 1935 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Debility
Pneumonia
107a
Stroke before death

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exams 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? No

If so, specify
(Signed) Laurence A. Engel, M. D.
(Address) 1228 Eng. Bldg.

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.

W. A. V. Engel
1228 Professional Bldg
2-4

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kansas City, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2389

2. FULL NAME

Martha Amelia Warren
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS)

20. FILED 6/10 19. 35 In. In. Cerows Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Serility
Procto pneumonia
Procto pneumonia

Date of onset

Other contributory causes of importance:

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) Laurence P. Engel, M. D.
(Address) 1228 Pry Bldg.

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.

SUPPLEMENT

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