

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

Do not use this space.

19904
2548

1. PLACE OF DEATH

County Jackson Registration District No. 311
 Township East Primary Registration District No. 1000
 City Kansas City, Mo (No. 3510 College) St. Mo Ward 1

2. FULL NAME

(a) Residence, No. 3510 College St. Mo Ward. 1
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Reid

22. I HEREBY CERTIFY THAT I attended deceased from Henry C. ..., 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1862

I last saw her live on 12 noon, 1937. Death is said to have occurred on the date stated above, at 12 noon m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 9 19

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

Myocardial infarction Date of onset 11/7/37
Antipertussis

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

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

Other contributory causes of importance: no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesport Iowa

Name of operation Autopsy Date of 11/7/37

What test confirmed diagnosis Autopsy Was there an autopsy yes

13. NAME Henry Couser

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1937

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Ellen J. Wright

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

Manner of injury no

Nature of injury no

17. INFORMANT Mrs. A. H. Kuesel

(ADDRESS) 3210 Indiana Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burlington Kas DATE 6/24/37

19. UNDERTAKER Of Mass Funeral Home Inc

(ADDRESS) 3176 Main St

20. FILED 6-22-1937 M. M. Craze Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(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.

16-238

