

DEC 26 1935

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

Do not use this space.

36186

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Ray Primary Registration District No. \_\_\_\_\_  
City K.C. Mo. (No. General Hosp #2) St. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 3350 Bradford Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
abt 67  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1935  
22. I HEREBY CERTIFY, That I attended deceased from 11-12 1935 to 11-17 1935  
I last saw him/her alive on 11-17 1935. Death is said to have occurred on the date stated above, at 8:20 AM.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Hypertensive Type  
Heart Disease  
Other contributory causes of importance:  
Generalized Arteriosclerosis  
Pulmonary Edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas  
13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) Record Clerk  
General Hospital  
18. BURIAL, CREMATION, OR REMOVAL PLACE Heads mo DATE 11/22/35  
19. UNDERTAKER (ADDRESS) H.B. Moore  
1820 E-18-St X.C. Mo.  
20. FILED Nov 20 1935 M. M. Crowe  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
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) J.P. Jones M. D.  
(Address) General Hosp #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

