

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

Do not use this space.

DEC 26 1935

36195

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 507 West 13th, St.)

File No. _____
Registered No. 4422
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 507 West 13th, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Hendrix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-13/1898

7. AGE YEARS 37 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Texas

13. NAME Edwin Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Alice Reese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Vera Bismuth
(ADDRESS) 1301 Penn, St, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edinwood DATE Nov-23/35

19. UNDERTAKER Wm. C. L. Jester
(ADDRESS) 918 Broadway Ave

20. FILED Nov 21, 1935 M. W. Caron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/35, 19

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

I last saw him _____, 19. Death is said to have occurred on the date stated above, at 8 P. m.

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

Mitral Stenosis
Pulmonary Edema

Date of onset

Other contributory causes of importance:

92 a

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? _____

If so, specify _____

(Signed) Russell W. Ben, M. D.

(Address) K.C. Mo.

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.

