

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

Do not use this space.

36198

DEC 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No. 3129) Benton St. _____ Ward _____

File No. _____
Registered No. 425

2. FULL NAME

(a) Residence, No. 3129 Benton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. B. McDougal</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>5</u>
	DAYS <u>61</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Lawyer</u>	
	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)	<u>Canada</u>	
MOTHER	13. NAME <u>Wm. Gastin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
	15. MAIDEN NAME <u>Mary E. Forbes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT <u>Viola Hunter</u> (ADDRESS) <u>3411 Woodland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farewell Hall</u> DATE <u>11-23-35</u>		
19. UNDERTAKER <u>Cy-lax Funeral Home</u> (ADDRESS) <u>74 E. Mo.</u>		
20. FILED <u>Nov 21, 1935</u> <u>M. M. Corone</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Nov 20, 1935
I last saw her alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 39 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension

Date of onset

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) E. Chumey, M. D.
(Address) 311 Argyle St

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 WRITING INSTRUMENT—THIS IS A PERMANENT RECORD

Dr. J. G. Murray *argyrea* *volcani*
VI, 1572