

Do not use this space.

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

39809

16-285 23 1936

1. PLACE OF DEATH

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

File No. _____
Registered No. 4952
St. _____ Ward _____

2. FULL NAME

Mary Ann Nelson
(a) Residence, No. 247 Myrtle 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

13. NAME Michael Pearson

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

15. MAIDEN NAME Maria Kelly

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

17. INFORMANT (ADDRESS) Mrs Florence M. Eare
247 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 17/30/37 19.

19. UNDERTAKER (ADDRESS) O. V. Moor & Sons
2146 Main St

20. FILED Dec 29 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1936
22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1936 to 12/29, 1936
I last saw him alive on 12/29, 1936. Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis
NO

Other contributory causes of importance:
Obstructive bowel - carcinoma
splenic flexure - colon
Acute Peritonitis
Name of operation Drainage abdomen Date of 17/27/36
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 suicide
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. D. E... M. D.
(Address) 4800 E 24th St. K.C., Mo.

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.

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4800 E of Benton 59X9

Lo#
Le 7611 3³⁰ or 4^{pm}