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.

FEB 20 1936

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

Do not use this space.

1369

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. K. C. Power & Light Bldg. St. Ward)

2. FULL NAME Betty Jane Strawn
(a) Residence, No. 3830 Forest St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 1, 1894
7. AGE: YEARS 41 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sec'y.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Kansas City Power & Light Co.
10. Date deceased last worked at this occupation (month and year): Jan. 15, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon Missouri

FATHER
13. NAME: Charles F. Strawn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible] Missouri

MOTHER
15. MAIDEN NAME: Hattie B. ~~Hamm~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkins Missouri

17. INFORMANT (ADDRESS): H. Haberle St. Joseph, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Joseph, Mo. DATE Jan. 16, 1936
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED Jan 14, 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Hepatic Crown, 19..., 19...
I last saw her alive on 4 P 19... Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous subarachnoid hemorrhage	

Other contributory causes of importance:

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

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) [signature], M. D.
(Address)