

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

Do not use this space.

5753

MAR 21 1936

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 3627) Virginia St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 559  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3627 Virginia 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Allen Goage</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2-1849</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1900</u>		11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daguer Falls, Virginia</u>		
FATHER	13. NAME <u>William W. Courtney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Allen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mrs. W. C. Wampler, 3627 Virginia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salathiel, Mo.</u> DATE <u>Feb 3 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Hope Furn. &amp; Undert. Co., 212 E. 12th St., Mo.</u>		
20. FILED <u>2-2-1936</u> M. M. Cron Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-25-1935 to 2-2-36, 1936.  
 I last saw her alive on Feb 4, 1936. Death is said to have occurred on the date stated above, at 8 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage following High Blood Pressure & Acute Gastritis  
 Other contributory causes of importance: Acute Gastritis Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none (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) H. M. Wetzel, M. D.  
 (Address) 10235 Independence Ave. Kansas City

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.

