

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

Do not use this space.

5799

MAR 21 1936

1. PLACE OF DEATH

County Jackson
Township Bluff
City Kansas City (No. 2407)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 598
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 12407 Flora St., _____ Ward. _____

(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>Fe.</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unkn. 1885</u>		
7. AGE YEARS <u>50</u>	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</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) Macon Georgia

13. NAME Holland Lowe

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

15. MAIDEN NAME Martha Leonard

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

17. INFORMANT Mattie Mills
(ADDRESS) 2207 Blue

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Feb. 5 1936

19. UNDERTAKER Mathews Bros.
(ADDRESS) 1729 Lyden

20. FILED 275 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 2 1936
I last saw her alive on Feb. 2 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Refar Pneumonia Date of onset 1/26/36
108

Other contributory causes of importance:
Cervical Dilatation 2/1/36

Name of operation _____ Date of _____
What test confirmed diagnosis clinical only 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? Yes
If so, specify _____
(Signed) Thos. J. Jones, M. D.
(Address) 1617 8th 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.

