

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 15 1936

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

Do not use this space.

5901

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.MO. (No. Gen., Hosp # 2)

Registration District No. 399
Primary Registration District No. 1002

File No. 7110
Registered No. 7110
St. _____ Ward _____

2. FULL NAME Mrs Mittie Tivis

(a) Residence, No. 1303 Vine 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 5 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
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) Missouri

MOTHER FATHER
13. NAME Unknown

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

15. MAIDEN NAME Millie Hawkins

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

17. INFORMANT (ADDRESS) Ethel M. Lee
1717 E 24 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Feb 20 1936

19. UNDERTAKER (ADDRESS) W. H. Mopit
1820 East 18 St

20. FILED 710 19 36 M. M. Corum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy coroner, 19
I last saw him alive on _____, 19. 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:
Chr. Glomerular nephritis
Chr. Hypertensive myocarditis

Other contributory causes of importance 191

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

23. If death was due to external cause (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) Luan Richardson, M. D.
(Address) 1832 Vine

