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.

APR 23 1936

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

Do not use this space.

399

10904

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 1580
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 4505 Tracy St. Ward)

2. FULL NAME Mrs Minnie Lee Moland
(a) Residence, No. 4505 Tracy St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen A Moland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1865
7. AGE YEARS 70 MONTHS 6 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jackson City Mo

FATHER
13. NAME Captain Wm H. Gregg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Elizabeth Hook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) H. B. Diehl 4505 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash DATE Mch-24 1936
19. UNDERTAKER (ADDRESS) Dwyer Comers Sons Kansas City Mo
20. FILED 3-23 1936 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch-22 1936
22. I HEREBY CERTIFY, That I attended deceased from January 1st 1936, to March 22, 1936
I last saw her alive on March 22, 1936 Death is said to have occurred on the date stated above, at 10 50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of heart	[illegible]
92a	
Other contributory causes of importance:	
Chronic Myocarditis	[illegible]

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? ..... 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? no
If so, specify .....
(Signed) E. J. E. Evans, M. D.
(Address) 703 Waldheim Bldg

703 Waldheim Bldg

1- 4 pm