

APR 23 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Green Primary Registration District No. 1002  
City Kansas City (No. 42 Central Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

10959

File No. \_\_\_\_\_  
Registered No. 1635

## 2. FULL NAME

Stella Mayer  
(a) Residence, No. 7604 Chestnut Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) Ile13. NAME Ben Mayer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Mary Keen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ile17. INFORMANT Peard Clerk  
(ADDRESS) 42 Central Hosp18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lone Jack Mo DATE 3-25-3619. UNDERTAKER W. B. Lapetina  
(ADDRESS) 536 Canabel20. FILED Mon 25 1936 M.M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from

3-19 1936, to 3-22 1936I last saw her alive on 3-22 1936 Death is saidto have occurred on the date stated above, at 2:20 PM

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset191

Other contributory causes of importance:

Chronic hepatitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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?

If so, specify \_\_\_\_\_

(Signed) J. H. [Signature], M. D.(Address) 42 Central Hosp

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.

