

APR 23 1936

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

10998
Do not use this space.

1674

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. KC General Hosp) St. Mo (Ward)

2. FULL NAME

May Overholser
(a) Residence, No. 1630 Washington Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 10

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
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) Higginsville Mo

13. NAME John Bags

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

15. MAIDEN NAME Katie Organ

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

17. INFORMANT (ADDRESS) Deirda Clark 1222 Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo DATE 9-28-36

19. UNDERTAKER (ADDRESS) Lunt & Tobin

20. FILED Nov 27 1936 M.M. Groom

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to 3-26, 1936
I last saw her alive on 3-26, 1936 Death is said to have occurred on the date stated above, at 8:25 AM
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
92.2
Bronchopneumonia

Other contributory causes of importance:

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

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. Groom M. D. (Address) 1222 Gen Hosp KC Mo

