

MAY 19 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

15225

1937

1. PLACE OF DEATH

County JACKSON  
Township RAW  
City KANSAS CITY

Registration District No. 300  
Primary Registration District No. ST. MARY'S HOSPITAL

File No. 1937  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. DEMA LEONA PUTMAN

(a) Residence, No. 5208 WOODLAND St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OMAR PUTMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 13 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 5 28

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) MARTINSVILLE  
(STATE OR COUNTRY) INDIANA

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR. OMAR PUTMAN  
(ADDRESS) 5208 WOODLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE MT MORIAH DATE APRIL 13 1936

19. UNDERTAKER D.W. NEWCOMER'S SONS  
(ADDRESS) KANSAS CITY MISSOURI

20. FILED 4-11 1936 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1936, to April 10 1936  
I last saw him alive on April 10 1936. Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Uremia: Chr Nephritis  
Arteriosclerosis  
Brain aneurysm  
118

Other contributory causes of importance:

Calculation, all  
Bladder, Rectum & Broad Ligament  
Prostate, etc.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

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

(Signed) B. J. S. [Signature] M. D.

(Address) 636 [Address]

CAUSE OF DEATH

12-4

PHYSICIAN'S

AGREEMENT