

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.

MAY 19 1936

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

Do not use this space.

15233

1. PLACE OF DEATH

County Jackson
Township Flaw.
City Kansas City, Mo. (No. 2610 G. 30th)

Registration District No. 399
Primary Registration District No. 1003

File No. _____
Registered No. 1005
St. 1005 (Ward)

2. FULL NAME

(a) Residence, No. 2610 East 30th St., _____ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. H. Nixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>8</u>
	DAYS <u>15</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>Home</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)	<u>Wrafton, Virginia</u>	
MOTHER	13. NAME <u>Alvin Warden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Ella Maxwell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Geo. H. Nixon</u> (ADDRESS) <u>2610 E. 30th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mansel</u> DATE <u>4-13-36</u>		
19. UNDERTAKER <u>Cy-lar Funeral Home</u> (ADDRESS) <u>2610 E. 30th</u>		
20. FILED <u>4-12-36</u> <u>M. M. Crowe, asst Registrar.</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936

I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to April 11, 1936

I last saw her alive on April 11, 1936 Death is said

to have occurred on the date stated above, at 3:25 PM

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

Arteriosclerosis Date of onset _____

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Other contributory causes of importance:

Influenza 3-19-36
Cerebral hemorrhage 3-26-36

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) A. M. Price D.D., M. D.
(Address) 1119 Washington St

