

MAY 19 1936

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

Do not use this space.

15445
2165

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3211 Main Street) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Mrs. Mattie L. Main

(a) Residence, No. 3211 Main Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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 D. C. Main

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) MissouriFATHER 13. NAME Gash Cox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Sarah A. Stone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) D. C. Main
3211 Main Street18. BURIAL, CREMATION, OR REMOVAL PLACE Weston, Mo. DATE Apr. 26, 193619. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Missouri20. FILED 4-25-36 m m Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to April 23, 1936
I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
& Coronary Arteriosclerosis
93
Other contributory causes of importance:
Deathbed Paralysis

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? E. T. P. 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) O. F. H. D. D. D., M. D.(Address) 1010 Public Bldg

