

JUN 27 1936

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

Do not use this space.

19408

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002
Hospital St. Mary's Hospital

File No. _____
Registered No. 2352
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Edwardville Kan.
(Usual place of abode)
(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. mo. 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 Albert Sandburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>10</u>	<u>2</u>	

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. Housekeeping

10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Washington Co. Kansas
(STATE OR COUNTRY)

13. NAME William Stevenson

14. BIRTHPLACE (CITY OR TOWN) unk known
(STATE OR COUNTRY) England

15. MAIDEN NAME Mary Meyers

16. BIRTHPLACE (CITY OR TOWN) Washington Co. Kansas
(STATE OR COUNTRY)

17. INFORMANT Albert Sandburg
(ADDRESS) Edwardville, Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granter Chapel DATE May 10, 1936

19. UNDERTAKER Jim Miller & Son
(ADDRESS) 3700 Strong Ave. W. Kan.

20. FILED May 8, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1935 to May 7, 1936

I last saw her alive on May 7, 1936 Death is said to have occurred on the date stated above, at 8:49 a.m. May 8, 1936

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

Pulmonary Tuberculosis
T. F.

Other contributory causes of importance: Tuberculous meningitis 5-1-36

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear 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) Lance E. ... M. D.
(Address) 713 Medical Center Bldg

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

