

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

Do not use this space.  
**1935**

**JUN 17 1936**

**2613**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township 2nd Mo. Primary Registration District No. \_\_\_\_\_  
City General Hosp #2 St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 1316 Taseo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1888  
7. AGE YEARS 47 MONTHS 7 DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landress  
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) Mo.  
13. NAME Ms.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Ms.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Record Clerk  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 5-30 1936

19. UNDERTAKER Sawyer-Trip-Tony  
(ADDRESS) \_\_\_\_\_

20. FILED May 29 1936 M. M. Cron, Act  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1936, to 5-28 1936  
I last saw her alive on 5-28 1936 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:  
Rheumatic Type Date of onset \_\_\_\_\_

Heart Disease

Other contributory causes of importance: 95%

Recompensation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_

(Signed) P. Brown M. D.  
(Address) General

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.

