

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

Do not use this space.

JUL 24 1936

22906

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. Wheatley Prot. Hosp.) St. 238 Ward

2. FULL NAME Mary Hunter
(a) Residence, No. 2228 1/2 Brooklyn 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

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hunter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1897
7. AGE YEARS 38 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY) Missouri
13. NAME George Pigeon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Kansas
15. MAIDEN NAME Laura Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas
17. INFORMANT (ADDRESS) Laura Pigeon 2207 1/2 E. 8th
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/12/36
19. UNDERTAKER (ADDRESS) Starkins Bros 1724 Lydia
20. FILED 6-12-36 MDM Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936
I HEREBY CERTIFY That I attended deceased from Mar. 31, 1936 to June 9, 1936
I last saw her alive on June 5, 1936 Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
May 29, 1936 Date of onset
Septicemia
Bilateral pneumonia June 1936
Other contributory causes of importance:
Manic-depressive psychosis - Jan 1, '36
Name of operation..... Date of.....
What test confirmed diagnosis? Lab. 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) A. H. Keag, M. D.
(Address) Kansas City, Mo.

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.

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township R. C.

Primary Registration District No. 1002

City R. C. (No. _____)

File No. _____

Registered No. 2838

2. FULL NAME

Mary Hunter

(a) Residence, No. _____

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

7

4. COLOR OR RACE

B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

38

6

19

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

6/12, 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bilateral Pneumonia

Date of onset

Lobar Pneumonia
Nov. 20 - 1934 -
asthma

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (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)

A. S. Looney, M. D.
Kansas City Mo

(Address)

M. D.

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.

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