

AUG 24 1936

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

Do not use this space.  
26548

## 1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 3218 Ward \_\_\_\_\_  
City Kansas City (No. Research Hospital - 002) St. \_\_\_\_\_

## 2. FULL NAME

Mae Overlander  
(a) Residence, No. 1712 West 45th 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Chas. W. Overlander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/19/1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>
	DAYS <u>20</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>Housewife</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>Virginia</u>		
FATHER	13. NAME <u>Miles H Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Virginia Bond</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Chas. W Overlander</u> <u>1712 West 45th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>July 11 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Stine &amp; McClure</u> <u>3235 Gillham Plaza</u>		
20. FILED <u>7-16-36</u> <u>M. M. Crowe, act</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 9, 1936  
I last saw her alive on July 9, 1936. Death is said to have occurred on the date stated above, at 9:15 m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset July, 1936  
108  
Other contributory causes of importance:  
Essential Hypertension yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Sandra B Robinson, M. D.  
(Address) 928 Broadway Bldg KC 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.

