

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.

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

Do not use this space.

AUG 24 1936

26782

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. K.C. Gen Hosp) St. Mo. Ward

File No.
Registered No. 3454
St. Mo. Ward

2. FULL NAME

Margaret Wicks
(a) Residence, No. 912 W. 21st St. Mo. 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>F</u>	4. COLOR OR RACE <u>W. Single</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-12-1900</u>				
7. AGE	YEARS <u>36</u>	MONTHS <u>5</u>	DAYS <u>10</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>N.W.</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>Calva</u>				
FATHER	13. NAME <u>Unknown</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calva</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calva</u>			
17. INFORMANT <u>Reuben Clark</u> (ADDRESS) <u>K.C. Gen Hosp</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calva Mo.</u> DATE <u>7-25-36</u>				
19. UNDERTAKER <u>Peter B. Szalay</u> (ADDRESS) <u>536 Campbell</u>				
20. FILED <u>July 23, 1936</u> M. D. <u>Brown</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1936 to 7-22 1936
I last saw him alive on 7-22 1936 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:
Atrophic Arteriosclerosis of the Aorta Date of onset 12/10/1
Hypertensive Broncho-pneumonia
Other contributory causes of importance:
Hypertensive Broncho-pneumonia

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?
If so, specify
(Signed) Reuben Clark, M. D.
(Address) K.C. Gen Hosp

