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

SEP 29 1936

Do not use this space.

30941

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Raw — Primary Registration District No.: 1002
City: K.C. (No. 5607 Virginia St. Ward)

File No.:
Registered No.: 3740

2. FULL NAME: Mary alice Villnave

(a) Residence, No. 5607 Virginia 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): none

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 10-1935

7. AGE: Years — 1 — Months: 5 — Days: — 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Kansas City

FATHER
13. NAME: Valmore Villnave
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Charlotte Berede
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs Charlotte Villnave
(ADDRESS) 5607 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Aug 14, 1936

19. UNDERTAKER: A. R. Doehler
(ADDRESS) 1415 East 15

20. FILED: 8/13, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16th, 1936, to Aug 11, 1936

I last saw her alive on Aug 11, 1936. Death is said to have occurred on the date stated above at 10 P. m.

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

Hydrocephalus. — Date of onset: Birth

Other contributory causes of importance:

1570

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) M. F. Leach, M. D.
(Address) 818 Rialto 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.