

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.

SEP 29 1936

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

Do not use this space.

31078

1. PLACE OF DEATH

County JACKSON Registration District No. 4100 File No. 31078  
Township Kaw Primary Registration District No. 1000 Registered No. 31078  
City Kansas City (No. 4204 Campbell) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Tyne Catherine McCrackin  
(a) Residence, No. 4304 Campbell Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-21-1854  
7. AGE YEARS 81 MONTHS 10 DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Howard Co Mo

13. NAME Tyne C Harris

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

15. MAIDEN NAME Anna R. Heghes

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

17. INFORMANT Miss Cameron McCrackin  
(ADDRESS) 4304 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Fuller DATE Aug 22 1936

19. UNDERTAKER Dw McConnel Sons  
(ADDRESS) Kansas City Mo

20. FILED 8-21 M. M. Crawford  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to Aug 21 1936  
I last saw her alive on Aug 20 1936 Death is said to have occurred on the date stated above, at 11:50 A.m.

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

Hypertensive Heart Disease Date of onset \_\_\_\_\_  
Cerebral arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Ray Was there an autopsy? no

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) George C. Lee M. D.  
(Address) 730 Professional Bldg  
A. C. Lee

prof Bldg  
3 pint