

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

Do not use this space.

NOV 26 1936

37904

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 117 N. Topping) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 475  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Jennie Louise Paris

(a) Residence, No. 117 N. Topping 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26-36, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932 to Oct. 26, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1872

I last saw her alive on Oct. 26, 1936. Death is said to have occurred on the date stated above, at 10 A.M.

7. AGE YEARS 74 MONTHS 9 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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 \_\_\_\_\_

Cerebral Hemorrhage Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance: Arteriosclerosis 5 yrs

FATHER 13. NAME Martin Williams

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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

MOTHER 15. MAIDEN NAME Nanny Gibson,

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)

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

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Mrs. James Powers (ADDRESS) 117 N. Topping, K.C. Mo.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn, Indep. Mo. Oct. 29-36

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER C.H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

If so, specify \_\_\_\_\_ (Signed) W. Conroy M. D.  
 (Address) 6520 Indep. Ave

20. FILED Oct 29, 1936 M. M. Brown Registrar.

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.

WRITE PLAINLY, WITH OUTLINES

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