

JAN 20 1937

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

Do not use this space.

44635

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. 10200 East 15)

Registration District No. 398  
Primary Registration District No. 5554

File No. \_\_\_\_\_  
Registered No. 394  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 10200 East 15 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to DEC 16, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1876

I last saw h. ER alive on DEC 16, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 7 3

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

CHRONIC VALVULAR HEART DISEASE  
Date of onset \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

CARDIAC DECOMPENSATION

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
TERMINAL PULMONARY EDEMA

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neenah Wis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME James Dolan

What test confirmed diagnosis? clinical Was there an autopsy? no

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

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Williamine Coffey

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

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

17. INFORMANT Mrs. Lucille Jessup (ADDRESS) 1200 East 15 Street

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

18. BURIAL, CREMATION, OR REMOVAL PLACE 1st Washington Dec. 18 36

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER George Pearson (ADDRESS) 104 North Pleasant

If so, specify (Signed) J. L. Cook, M. D.

20. FILED 12-19-1936 J. L. Cook Registrar.

(Address) 15307 INDEP AVE

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.

