

JAN 19 1937

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

Do not use this space.

44835

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Plan

Primary Registration District No. 1002

City Kansas City (No. 325)

E. Durmer

File No. 5025

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mary Ann Mead

(a) Residence, No. Newburn Hotel St. _____ Ward _____

(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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C Mead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16

7. AGE YEARS 87 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Mo. Ga.

FATHER 13. NAME William C. Goode

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

MOTHER 15. MAIDEN NAME Jessie Ann Gooden

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

17. INFORMANT Anna Lacy Mead (ADDRESS) Newburn Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Walter Mo. DAY Dec 15 1936

19. UNDERTAKER Mr C S. Chanin (ADDRESS) 913 Broadway

20. FILED 12-15 1936 W. B. Morrow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936

22. I HEREBY CERTIFY that I attended deceased from Nov 15 1936 to Dec 15 1936

I last saw her alive on Dec 15 1936 Death is said to have occurred on the date stated above, at 2442

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

Chronic Myocarditis Probably 2 yrs
Date of onset

Other contributory causes of importance: Remitancy

Name of operation _____ Date of _____
What test confirmed diagnosis? 2 yr Was there an autopsy? no

23. If death was due to external causes (violence), file under the following: no
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) J. J. Donaldson M. D.
(Address) 714 Boycut Bldg (City) KE

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.

Case No. 10

Newborn Hotel

Va-7821