

FEB 25 1937

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

Do not use this space.

1564

1. PLACE OF DEATH

County Jackson Registration District No. 379  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 2216 East 34th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Frances Dancy

(a) Residence, No. 2216 East 34th St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 1 26

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. 2 2  
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) Missouri

13. NAME Robert A. Traugber

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

15. MAIDEN NAME Harriet Elizabeth Dunkle

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

17. INFORMANT Trent Dancy  
(ADDRESS) 2216 East 34th St., Kansas City.

18. BURIAL PLACE Kansas City, Mo. DATE Jan. 23, 1937  
Mt. Washington Cem.

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Gillham Plaza

20. FILED Jan 21 1937 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1936 to Jan. 21, 1937

I last saw her alive on Jan. 14, 1937 Death is said to have occurred on the date stated above, at 9:15 A. M.

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

Cerebral Apoplexy Date of onset Nov. 1936

Other contributory causes of importance Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) Ward H. Leonard, M. D.  
(Address) 9232 Sunnyside St.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Ward N. Jones