

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City (No. 1417 E. 16th) Registered No. 6531  
 St. Mo. Ward 230

2. FULL NAME Celia Stare  
 (a) Residence, No. 1417 E. 16th St., Mo. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>1</u>	<u>21</u>		

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) Mississippi

13. NAME Richard Brown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Priscilla Brown  
(ADDRESS) 1417 E. 16th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shuf Ridge DATE 2/19 1937

19. UNDERTAKER Hatkins Bros  
(ADDRESS) 1724 Lydia

20. FILED 2/19 1937 M. B. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30-36 to Feb-16-37, 1937  
 I last saw him alive on Feb-16-37. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Gastro-Enteritis  
Pericarditis  
12018

Other contributory causes of importance:

Name of operation none Date of 20  
 What test confirmed diagnosis Spec. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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?  
 If so, specify L. W. Booker, M. D.  
 (Signed) L. W. Booker (Address) 2028 Union St.

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 CAPITAL LETTERS—THIS IS A FEDERAL REQUIREMENT

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