

APR 8 1937

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

Do not use this space.

9737

1. PLACE OF DEATH

County Jackson  
Township Raw  
City Kansas City (No. 3412 Tracy)

Registration District No. 399  
Primary Registration District No. 1008

File No. 9737  
Registered No. 9737  
St.        Ward       

2. FULL NAME Mary Mikel

(a) Residence, No. 3412 Tracy St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to March 25 1937  
I last saw him alive on March 24 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1868

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

7. AGE YEARS 68 MONTHS 5 DAYS 28 If LESS than 1 day,        hrs. or        min.

Date of onset 151

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       

Other contributory causes of importance:       

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

13. NAME Daniel O. Lichty

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

15. MAIDEN NAME Mary Alderfer

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

17. INFORMANT (ADDRESS) Mary Lichty, 3412 Tracy, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE J-27

19. UNDERTAKER (ADDRESS) St. Mary's

20. FILED 3-25 1937 M. M. Crowe, reg. Registrar.

Name of operation        Date of       

What test confirmed diagnosis?        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) M. M. Crowe, M. D. (Address) 970 W. 5th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

