

APR 8 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 Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hosp.) St. 1533 Ward

File No. 9821Registered No. 15332. FULL NAME Warren, Mrs. Ida Mae

(a) Residence, No. 3024 Wabash St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 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 Archie Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28th. 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 0 X

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) Ind.

13. NAME Haywood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Glenn Richart (ADDRESS) 3639 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 4/1/37 19.

19. UNDERTAKER W. E. Mayberry (ADDRESS) City

20. FILED 3/30 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28th. 1937

22. I HEREBY CERTIFY, That I attended deceased from mar 20, 1937, to mar 30, 1937

I last saw her alive on mar 29, 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

cerebral embolus. Date of onset

terminal lobes pneumonia. 100

Other contributory causes of importance:
poetic and mitral regurgitation.
arteriosclerosis.

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) Wm. R. Jackson, M. D.

(Address) 1107 Bryant Blvd.

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT RECORD

Dr. W. R. Jackson