APR 20 1937

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

Do not use this space.

File No. 12183
Registered No. 24

1. PLACE OF DEATH
County: Jackson — Registration District No. 404
Township: ~~Kansas~~ Washington — Primary Registration District No. 5558
City: Kansas City (No. ..... St. ..... Ward)

2. FULL NAME: Miss Mary Tams

(a) Residence, No. Armour Memorial Home, 8 & Worrell Rd. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28 - 1848

7. AGE: Years 89 — Months 0 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Baltimore Md.

FATHER
13. NAME: John Tams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Charlotte McC. Hemmings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT (ADDRESS): Armour Home Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Lexington Ky. DATE: 1/16/37

19. UNDERTAKER (ADDRESS): Stone & McClure

20. FILED: March 16, 1937 Fred R. Lindsey Sub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec-1, 1936, to Mch 14, 1937
I last saw h. alive on Mch 14, 1937. Death is said to have occurred on the date stated above, at 1:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelitis.	
Other contributory causes of importance: Ch. Uremic Heleronis —	

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) C. J. Cantrell, M. D.
(Address) 810 Argyle Bld

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.

ay. G. E.

argyle
Hav. 0147
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