

MAY 15 1937

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

Do not use this space.

15160

1725

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KanPrimary Registration District No. 1002City Kansas City (No. K.C. General Hosp)

File No.

Registered No.

St. Ward)

2. FULL NAME Dorothy Blinded(a) Residence, No. 4817 E. 36th Terrace Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 / 18597. AGE YEARS 78 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Virginia13. NAME Benjamin Sumner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Annely Ann Riddle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) De laud Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE greenlake DATE 4-10-37 19.19. UNDERTAKER (ADDRESS) W. J. De Maria20. FILED 4-10-37 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7, 193722. I HEREBY CERTIFY, That I attended deceased from 2-15, 1937, to 4-7, 1937I last saw her alive on 4-7, 1937 Death is saidto have occurred on the date stated above, at 10:30 P.M.

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

Fracture neck of femur Date of onsetleft - accidental fallin home1860

Other contributory causes of importance:

Bronchopneumonia

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 acc. Date of injuryWhere did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury acc fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. De Maria, M. D.(Address) 2001 GreenwoodK.C. Gen Hosp

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.

