

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
CERTIFICATE OF DEATH

Do not use this space.

MAY 15 1937

15247

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No. 1608 Park)

File No. 1733
Registered No. 1733 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1608 Park St. _____ Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1869</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>25</u>	<u>67</u>	<u>6</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Miss</u>				
MOTHER	13. NAME <u>Med Alexander</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
	15. MAIDEN NAME <u>Lucy Ark</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
17. INFORMANT <u>Sam Alexander</u> (ADDRESS) <u>Chicago Illinois</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Highland</u> DATE <u>4/15</u> 19 <u>37</u>				
19. UNDERTAKER <u>Hathins Bros</u> (ADDRESS) <u>1729 Lyda</u>				
20. FILED <u>Apr. 15 1937</u> M. M. Crowe Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936, to 4-7, 1937
I last saw her alive on 4-6, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral)
Secondary Hypertension
Date of onset _____

Other contributory causes of importance:
Secondary Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? B.P. 200 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? _____
If so, specify _____
(Signed) Eugene J. Chaturay, M. D.
(Address) 2200 East 18th St
H. E. 710

