No 4999

MAY 15 1937

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

Do not use this space.

15324

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2208, E. 25" St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mary C. Desmond
(a) Residence, No. 2208 E. 25" St. 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10" 1854

7. AGE: 35 — YEARS: 82 — MONTHS: 6 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Hughes Island, Buchannan County, Va.

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Ellen Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs. Dibble, 2208 E. 25" St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Cemetery DATE: Apl 9" '37

19. UNDERTAKER (ADDRESS): C. H. Countee & Son, City

20. FILED: Apr 20, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apl. 6" '37, 19

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1937, to April 6, 1937
I last saw her alive on April 6, 1937 Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis — Date of onset: Nov 1936

131

Other contributory causes of importance: General debility (old age)

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) D. M. Miller, M. D.
(Address) 1605 E 18 - Kc. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

I X9314