

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kau Primary Registration District No. 1002
 City Kansas City (No. 1515 E. 10th St. 9th) St. 2 Ward 1
 File No. 19148
 Registered No. 1

2. FULL NAME Mattie Marcus
 (a) Residence, No. 1515 E. 10th St. 9th Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 22, 1937
 I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 1:05 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1889

The principal cause of death and related causes of importance were as follows:
Acute indigestion food stuff
Acute bacterial indigestion

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
<u>20</u>	<u>48</u>	<u>0</u>	<u>2</u>	

Other contributory causes of importance:
Chronic bacterial gastro enteritis
 1936

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) Kansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT William Marcus
 (ADDRESS) 1515 E. 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kansas DATE 5/25 1937

19. UNDERTAKER Hodkins Bros
 (ADDRESS) 1729 Lyda

20. FILED May 24 1937 M. M. Crowe Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) D.M. Miller, M. D.
 (Address) 1605 E. 18th St. Topeka

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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AUG 12 1953