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

JUL 10 1937

Do not use this space.

22624

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 4019 Main Street St. Ward)

2. FULL NAME Virginia Elizabeth Abshier

(a) Residence, No. 4019 Main Street St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Washington P. Abshier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1848

7. AGE: about 88 YEARS — MONTHS: 11 — DAYS: 13 — 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): Virginia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Harvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Lowell P. Abshier (Son) 1132 Belmont Ave., Kansas City, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Washington Cem.
PLACE Kansas City, Mo. DATE June 3 1937

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 6/2 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to May 31, 1937
I last saw her alive on May 31, 1937 Death is said to have occurred on the date stated above, at P. m. 10:25
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

82a

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical 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) A. Miller, M. D.
(Address) 717 Shukert Bldg, K.C. Mo