

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.

AUG 11 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. K C Gen. Hosp)

File No. 26242
Registered No. 255
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1908 Broadway Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 37

22. I HEREBY CERTIFY, That I attended deceased from 5-27 37 to 7-9 37

I last saw her alive on 7-9 37, 1937 Death is said to have occurred on the date stated above, at 6:20 P. M.

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

General Paresis of the Insane

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

FATHER

13. NAME John Noble

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

15. MAIDEN NAME Mary Cook

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

17. INFORMANT Reverend Clerk
(ADDRESS) K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 7/12/37

19. UNDERTAKER Quirk & Tabin Co
(ADDRESS) 20 West 12th St

20. FILED July 19 37 M. M. Crome
Registrar.

Name of operation _____ Date of _____

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? _____ 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) P. F. De Maura M. D.
(Address) St. K C Gen Hosp

