

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  
Township Raw  
City Kansas City (No. ....)

Registration District No. 399  
Primary Registration District No. 1002

File No. 26465  
Registered No. 31783 St. 31783 Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward. Edgerton, Missouri  
(Usual place of abode)  
(If no resident, 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

SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1934

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>2</u>	<u>9</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Platte Co. Mo.  
(STATE OR COUNTRY)

13. NAME Janum, Findley

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

15. MAIDEN NAME Leona, Findley

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

17. INFORMANT Genius A. Findley  
(ADDRESS) Edgerton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE burial DATE 11 1937

19. UNDERTAKER Rollins Mortuary  
(ADDRESS)

20. FILED July 9, 1937 M. M. Osborne  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from 7-11, 1937, to 7-28, 1937

I last saw h.c.r. alive on 7-28, 1937 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Typhoid fever  
chronic pneumonia

Date of onset 6-27-37  
7-19-37

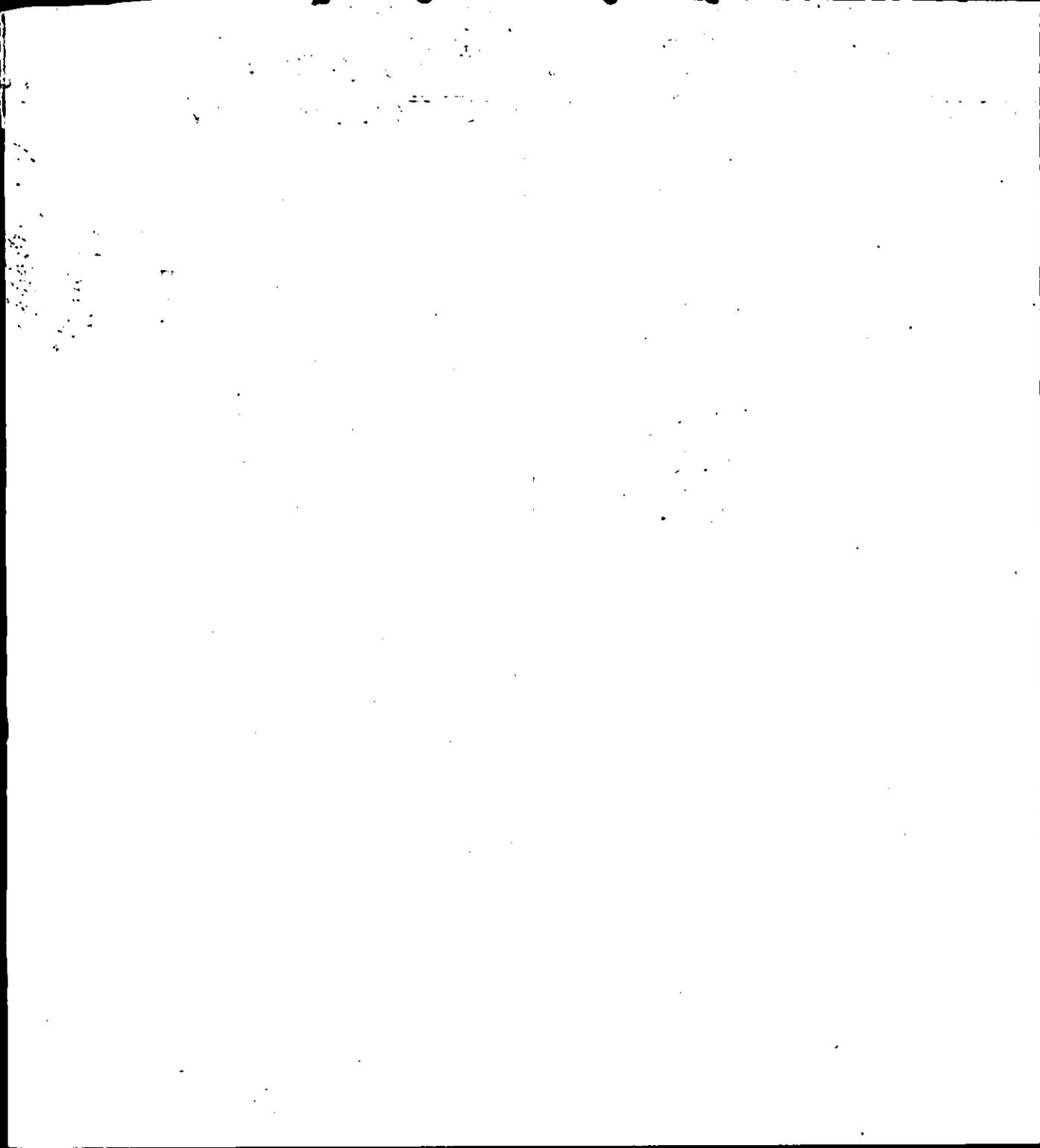
Other contributory causes of importance

Name of operation..... Date of.....  
What test confirmed diagnosis? Widal 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) H. J. Dwyer, M. D.  
(Address) Med. & Surg. Bldg., K.P. Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township  
City Kansas City (No. ....)

Registration District No. 399  
Primary Registration District No. 1002

File No. 26465  
Registered No. 3178  
St. .... Ward)

**2. FULL NAME**

Margaret Findley

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
2 9 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Margaret Findley

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stabelle Cem. DATE 7/30 1937  
St. Louis Mo.

19. UNDERTAKER (ADDRESS)

20. FILED 7/29 1937 M. M. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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?.....

If so, specify

(Signed) H. L. Dwyer, M. D.

(Address) Med. Bldg. K.C. Mo.

SUPPLEMENTARY

S-26465

11A

RECORDED  
SERIAL

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