

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.

1795

OCT 19 1937

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1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5315 Swope Park way) St. _____ Ward _____

File No. 38446
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5315 Swope Park 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 9

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

13. NAME Leah Wiley

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

15. MAIDEN NAME Elizabeth Crawford

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

17. INFORMANT Maudie K. Cutler
 (ADDRESS) 5315 Swope Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Morah DATE 9/28/37 19. _____

19. UNDERTAKER Dr. Max Home
 (ADDRESS) 3146 Main St.

20. FILED 9/27 1937 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Sept 25, 1937

I last saw her alive on Sept 25, 1937 Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Acute Poisoning
Pulmonary Edema

Date of onset 9-25-37

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Other contributory causes of importance:
Chronic Arteriosclerotic Disease
with Hypertension - some years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloro 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) R. W. Davis, M. D.
 (Address) 4602 Witham Bldg.

W. Lee Davis

Lo 1380 Washburn Rdg 31/11/1900

W. 2181 Res No 8. 61 Ten

W. Lee Davis

3 to 5 PM