

NOV 18 1937

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

Do not use this space.

36544

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Gran Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp)

File No. _____
Registered No. 503
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 309 Ewing St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not Record</u>		
7. AGE	YEARS	MONTHS
<u>62</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Mrs. Cunningham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Mollie Baldwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Truena Clark</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lead Hill</u> DATE <u>Oct 4</u>		
19. UNDERTAKER <u>Swick & Taber Co</u>		
20. FILED <u>103</u> 19 <u>37</u> <u>W. B. Brown</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15-37, 1937, to 10-1-1937, 1937

I last saw her alive on 10-1-1937, 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic adhesive Pericarditis; Chronic Fibrous Myocarditis

99e

Other contributory causes of importance:

Pulmonary Congestion

Name of operation none Date of _____

What test confirmed diagnosis? autopsy 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) R. P. De Maria M. D.

(Address) Gen Hosp

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.

