

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

Do not use this space.

40090

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1525)

Registration District No. 395
Primary Registration District No. 1002
Harfield

File No. _____
Registered No. 652
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1525 Jeffers St. _____ Ward _____
(Usual place of abode)

(If nonresident, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10-28-1937, to 10-29-1937
I last saw her alive on 10-28-1937 Death is said to have occurred on the date stated above, at 12:30 pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1847

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 90</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Date of onset

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

Chronic myocarditis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

930

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

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

Senility

13. NAME Unknown

Name of operation none Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) None

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE Leeds, Mo DATE 11/2 1937

Nature of injury _____

19. UNDERTAKER (ADDRESS) West, Appleton & Jones Inc

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED Nov. 2, 1937 11:30 Broome Registrar.

If so, specify _____ (Signed) H. J. A. ... M. D. (Address) 2700 East 18

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.

