

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

Do not use this space.

40287

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 100
City Kansas City (No. KC Gen 12 sub)

File No. _____
Registered No. 4601
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3329 West St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1937 to 11-13, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1875

I last saw her alive on 11-13, 1937 Death is said to have occurred on the date stated above, at 7:25 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 02 9 21

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

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 _____

Chronic Vasculer
Nephritis 59
Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME Perry Markon

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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

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.

15. MAIDEN NAME Mary Hamilton

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

17. INFORMANT (ADDRESS) Perry Markon
KC Gen 12 sub 2c mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 11/15/37

19. UNDERTAKER (ADDRESS) Link and Tobin Co.
Kansas City, Mo

20. FILED Nov 15, 1937 M. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Perry Markon M. D.
Asst. Supt. KC Gen 12 sub 2c

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.

1-3814

