

DEC 20 1937

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

Do not use this space.

40359

1. PLACE OF DEATH

County Jackson
Township J Kan
City Kansas City (No. KC Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 40359
Registered No. 40359
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Florence Crow Ward _____
(Usual place of abode) 1619 Baltimore St
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1894

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

43 7 11

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) (STATE OR COUNTRY) mo13. NAME Thomas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo15. MAIDEN NAME Francis Tanquary16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo17. INFORMANT (ADDRESS) Reverend Clerk K.C. Gen Hosp K.C. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Chelleade Mo DATE Nov 21 193719. UNDERTAKER (ADDRESS) Quinn & Tabor Co. 214 W. Kingwood20. FILED Nov 21 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 193722. I HEREBY CERTIFY, That I attended deceased from 11-18, 1937, to 11-20, 1937I last saw her alive on 11-20, 1937. Death is saidto have occurred on the date stated above, at 2:40 a.m.

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

Date of onset

Pneumonia lobar
108

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) P. T. De Maria M. D.(Address) 421 K.C. Gen Hosp K.C. Mo

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.

