

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

Do not use this space.

40437

DEC 20 1937

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. Wheatley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice Irvin  
(a) Residence, No. 410 Nebraska 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

| AGE          | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, hrs. or min. |
|--------------|-----------|----------|----------|----------------------------------|
| <u>about</u> | <u>77</u> | <u>-</u> | <u>-</u> | <u>-</u>                         |

OCCUPATION

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

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

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) Missouri

MOTHER FATHER

13. NAME Henry Lewis

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

15. MAIDEN NAME Angeline Duncan

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

17. INFORMANT Olivia Griffin  
(ADDRESS) 410 Nebraska

18. BURIAL, CREMATION, OR REMOVAL  
PLACE West Lawn DATE 11-26 1937

19. UNDERTAKER K. C. Grub & Casket Co.  
(ADDRESS) 440 State Ave.

20. FILED Nov. 26 1937 M. M. Crowe  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1937 to Nov 23 1937  
I last saw him alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11-23-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. S. Swanson M. D.  
(Address) 205 Maryland Bldg.

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.

