

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.

JAN 17 1938

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

Do not use this space.

43971

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 100City Kansas City, Mo. (No. St. Joseph Hospital)

File No. _____

Registered No. 4874

St. _____ Ward _____

2. FULL NAME Mrs. Mabel K. Liston(a) Residence, No. 614 Brighton

St. _____

Ward _____

(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

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFHomer L. Liston

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

Feb. 6, 1895

7. AGE

YEARS

42

MONTHS

9

DAYS

26If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)Homer L. Liston,
614 Brighton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton, Mo. DATE Dec. 4-3719. UNDERTAKER
(ADDRESS)C. H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED

Dec. 4 37 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2-37 1922. Dec 1st HEREBY CERTIFY, That I attended deceased from Dec 2, 1937I last saw her alive on Dec 1, 1937 Death is said
to have occurred on the date stated above, at 2:10 AM

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Hypertension
Chronic myocarditis

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) Thomas A. Ryne(Address) 214 W. Withman St.

M. D.

Dr. Kynner, Wirthman Bldg.