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

Do not use this space.

44215

File No.

Registered No. 5118

JAN 17 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City, Mo. (No. 3224 East 32nd, Str., K.C.Mo. St. Ward)

2. FULL NAME Emma Tinora Liter,

(a) Residence, No. Alma Missouri. 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Liter,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24th, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	2	24	

OCCUPATION

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

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) Sweet Springs, Missouri.

FATHER

13. NAME Thomas W. Hancock,

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

MOTHER

15. MAIDEN NAME Sentha Ann Pollard

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

17. INFORMANT (ADDRESS) G.R. Watson, 3224 East 32 nd, Str., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blackburn, Mo. DATE Dec. 21st, 1937

19. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K. C. Mo.

20. FILED Dec 20 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937 to Dec 18, 1937

I last saw her alive on Dec 2, 1937 Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Pernicious Anemia — Date of onset April

n/a

Other contributory causes of importance:

Pneumonia.
Myocarditis
Senile decay.

Name of operation — Date of —

What test confirmed diagnosis? Path. 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) Robert M. Myers, M. D.

(Address) 5827 Paseo, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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