JAN 17 1938

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

Do not use this space.

44348

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5251
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. John Taylor's 1034 Main St. Ward)

2. FULL NAME Mrs. Alice Gertrude Pleasant
(a) Residence, No. 2638 Cleveland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Pleasant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1871

7. AGE: 66 — YEARS: 66 — MONTHS: 2 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2
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) Unknown 31

FATHER
13. NAME Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT (ADDRESS) John H. Pleasant 2638 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 27, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 12-27, 1937 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.... I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30 p.m.
Deputy Coroner
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
Chronic Myocardial Infarct
93c

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Russell W. Bent, M. D.
(Address) [illegible]

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.