

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 7 C Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 1669
Registered No. 357
St. _____ Ward _____

2. FULL NAME

Margaret Bales 420
(a) Residence, No. 3129 Holmes St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 2 4

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) Cedar County, Missouri

13. NAME Sam Thurston

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

15. MAIDEN NAME Lettie Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

17. INFORMANT (ADDRESS) De w a Clerk 7 C Gen Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Jan 25, 1938

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 284 W. Lincoln

20. FILED Jan 24 1938 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1938

I HEREBY CERTIFY That I attended deceased from Jan 22, 1938, to Jan 23, 1938

I last saw him alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 10:22 A.M.

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

Arteriosclerotic Heart Disease with nephritis (chronic) 131

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) G. B. De Maria M. D.
(Address) Sept 7 C Gen Hosp KCMO

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.

RECEIVED

FEB 10 1938

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