

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

Do not use this space.

REC'D APR 23 1938

2  
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9677

File No. \_\_\_\_\_  
 Registered No. 1142  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
 Township KAN Primary Registration District No. 1002  
 City KANSAS CITY (No. 1307, Benton)

**2. FULL NAME** MARY LOUISE POINDEXTER 532

(a) Residence, No. 1307 BENTON BLVD St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. 5 ds. How long in U. S., if of foreign birth? NO yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W POINDEXTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 : 6 : 5

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) HIGH HILL Mo.

13. NAME JESSE D. DIGGS

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

15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Joseph R Poindexter 1307 Benton St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE SALINE COUNTY DATE Feb 14 1938

19. UNDERTAKER (ADDRESS) R. W. CAMPBELL MARSHALL Mo

20. FILED Nov 13 1938 Wm. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25 1938, to March 12 1938

I last saw her alive on March 11 1938. Death is said to have occurred on the date stated above, at 11:30 m.

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

Acute Endocarditis  
Hypostatic Pneumonia  
46

Date of onset  
2/27/38  
3/10/38

Other contributory causes of importance:  
Carcinoma of Liver unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

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. Lewis AO  
 (Address) 202 S. Osage St

Independence, 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.

