

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

9704
Do not use this space.

1. PLACE OF DEATH *2*
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1169
(c) City Kansas City, Mo. (d) Street No. 2947 Flora Avenue, City. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A. Dake *200*
(a) Residence, No. 2947 Flora Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Harvey M. Dake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1860/1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Missouri.

13. NAME Billy Boatman

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

15. MAIDEN NAME Mahalia Lane

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

17. INFORMANT C. H. Dake (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn March 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Avenue, City.

20. FILED Mar 14 1938 H. G. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to 3-13- 1938.
I last saw him alive on 3-12- 1938. Death is said to have occurred on the date stated above, at 3.25 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver 46
generalized metastases
Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) H. G. Potter, M. D.
(Address) 724 Proj Bldg

Date of onset
7-1-37

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.

Dr. Lee Potter.

12:00 to 5:00 PM

Prof. BGG
Numbly Leave Dr. Lee Potter
to sign certificate
I will pick up the
this afternoon

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)