

APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH *Mercy Hospital*

County *Jackson*

Registration District No. *399*

File No. *9812*

Township *Kaw*

Primary Registration District No. *1002*

Registered No. *1277*

City *Kansas City* (No. *569*)

Mercy Hosp

St. *Mo* Ward

2. FULL NAME *Betty Henry*

(a) Residence, No. *6234 E 17th* St. *Mo* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Fe* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-20-1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*

22. I HEREBY CERTIFY, That I attended deceased from *3-12-1938*, to *3-20-1938*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 26-1936*

I last saw her alive on *3-20-1938*. Death is said to have occurred on the date stated above, at *10:30 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *2 0 25*

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

Strep. cococcus Meningitidis Date of onset *3-18-38*

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

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

Other contributory causes of importance: *Mastoiditis* *3-12-38*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *T. C. Mo*

FATHER 13. NAME *Charles Henry*

Name of operation *mas lobectomy* Date of *3-14-38*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va*

What test confirmed diagnosis? Was there an autopsy? *Yes*

MOTHER 15. MAIDEN NAME *Willa Smith*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Okla.*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Charles Henry 6234 E 17th St. Mo*

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *March 22, 1938*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) *W. C. Moore*

(Signed) *W. B. Soderberg* M. D. (Address) *St. Lukes Hospital*

20. FILED *Mo. 2-19-38 M. M. Grover* Registrar.

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.

Mrs White

CH - 4871