

JUL 12 1938

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

Do not use this space.

21183

1. PLACE OF DEATH

County Jackson

Township Raw

City Kansas City, Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. 21183

Registered No. 21

Ward

2. FULL NAME

(a) Residence, No. 231

(Usual place of abode)

St. St. Joseph, 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 Female

4. COLOR OF RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 21-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1938

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

Still Born

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Heles M. Dermott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westport, Mo.

15. MAIDEN NAME Heles M. Dermott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) St. Vincent's Hospital, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Marys June 23, 1938

19. UNDERTAKER (ADDRESS) Wagner Funeral Home

20. FILED June 23, 1938 M. M. Corowe Registrar.

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

22. I HEREBY CERTIFY That I attended deceased from June 21, 1938, to June 21, 1938

I last saw him alive on June 21, 1938, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Miscarriage

Date of onset

Other contributory causes of importance:

A. Fall

Name of operation no 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 See 7 Position

(Signed) See 7 Position, M. D.

(Address) 932 1/2 Big Bay.

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.

