

REC'D AUG 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 3700 Madison)

Registration District No. 399
Primary Registration District No. 1002

24146

File No. _____
Registered No. 2651

2. FULL NAME

Mary Blucher

426

(a) Residence, No. 3700 Madison St., _____ 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

| | | |
|--|------------------------------|---|
| 3. SEX <u>F. M.</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. A. Blucher</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 5 - 1856</u> | | |
| 7. AGE YEARS <u>82</u> | MONTHS <u>3</u> | DAYS <u>26</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation. |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>Retired</u> |
| | 10. Date deceased last worked at this occupation (month and year) | |

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| | 13. NAME <u>Theodore Bates</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 15. MAIDEN NAME <u>Nancy Ellis</u> |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |

17. INFORMANT W. E. Blucher
(ADDRESS) 3711 Madison

18. BURIAL, CREMATION, OR REMOVAL
Bates City Mo DATE 7-3 1938

19. UNDERTAKER J. O. Webb
(ADDRESS) 2429 Olive

20. FILED 7-3 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY That I attended deceased from _____ 19____, to July 1, 1938

I last saw her live on June 28, 1938. Death is said to have occurred on the date stated above, at 79 m.

The principal cause of death and related causes of importance were as follows:
Termination of heart failure Date of onset 7-1-38

Other contributory causes of importance:
myocarditis 3-10-38

Name of operation no Date of no
What test confirmed diagnosis? no Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. S. Mackey, M. D.
(Address) Kansas City, 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.

