

REC'D AUG 8 1938

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

Do not use this space.

24416

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo.(No. 1404 East 9th St. St. _____ Ward _____)

File No. _____

Registered No. 29212. FULL NAME Mrs. Harriett Elizabeth Hussey(a) Residence, No. 1404 East 9th St. St. _____ Ward _____
(Usual place of abode)

(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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Hussey				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23, 1865</u>				
7. AGE	YEARS 72	MONTHS 6	DAYS 26	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 613. NAME Wm. Kempf 414. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Harriett Burnell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT Geo. A. Hussey,
(ADDRESS) 1404 East 9th St. K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cemetery DATE July 21, 3819. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED July 20, 1938 M. M. Crowne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1938 1922. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 19, 1938I last saw her alive on July 18, 1938. Death is said to have occurred on the date stated above, at 8 PM m.

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

Coronary Disease

Date of onset

Other contributory causes of importance:

General Debility,
& Senility.

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. & 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? _____

If so, specify _____

(Signed) Dr. Frank E. ... M. D.(Address) 4316 E 9th St.H. E. ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

