

MARGIN RESERVED FOR BINDING

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

90-A-22-36
V. S. NOY 2
JUL 1 1938
X 9314

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.

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

Do not use this space.

REC'D AUG 8 1938

24497
3002

1. PLACE OF DEATH

County Spokane
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2726 Highland)

File No. 3002
Registered No. _____
Street _____ Ward _____

2. FULL NAME

(a) Residence, No. 2726 Highland Ward. 435
(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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clarence K. Walton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1897

7. AGE YEARS 41 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Wapato, Wa

FATHER
13. NAME Benjamin King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Vir

MOTHER
15. MAIDEN NAME Olive Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wapato, Wa

17. INFORMANT (ADDRESS) Clarence K. Walton
2726 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE July 26-38

19. UNDERTAKER (ADDRESS) G. Sterling Bell
1811 1/2 E. 18th St. K. Mo

20. FILED July 16 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1938

22. I HEREBY CERTIFY That I attended deceased from April 7 1938 to July 22 1938. I last saw her alive on July 22 1938. Death is said to have occurred on the date stated above, at 11:20 AM.

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

Hypertensive heart disease
9503
Feb. 1938

Other contributory causes of importance: Bronchial Asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) D. M. Miller, M. D.
(Address) 1655 E 18th - K. Mo

