

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.

REC'D SEP 13 1938

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

Do not use this space.

27892

File No. 3203

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 3336) Paseo St. (Ward)

2. FULL NAME

(a) Residence, No. 3336 Paseo St. 410. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 5-11-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 57 2 0

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

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) Tenn 9

13. NAME Wm Higgins 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know 9

15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

17. INFORMANT (ADDRESS) James H Casey Pursell area

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Morbome Mo 8/12/38 DATE

19. UNDERTAKER (ADDRESS) Dr. Max Funeral Home 3146 main St

20. FILED Aug 12 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11th, 1938

22. I HEREBY CERTIFY, that I attended deceased from October 1936 to Aug 11, 1938

I last saw her alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

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

Cardiac Failure

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify (Signed) Buford M. Casey, M. D. (Address) 225 Shuler St

