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.

DEC 14

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

Do not use this space.

File No. 38172
Registered No. 4406

1. PLACE OF DEATH
County: Jackson
Registration District No.: 399
Township: Kaw
Primary Registration District No.: 1002
City: Kansas City (No. 3329 Bales Ave. St. Ward)

2. FULL NAME: Alice Deck
(a) Residence. No. Leon Iowa St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amos Deck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 14 1864

7. AGE: Years 74 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Leon
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: W. F. Kelley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Putnam Co.
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Hannah Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Farmington
(STATE OR COUNTRY): Iowa

14. INFORMANT: Helen Deck Wilcox
(Address): 3329 Bales Ave.

15. FILED: Nov 18 1938 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 12 1938

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10-34, 19..., to Nov 11, 1938, that I last saw he alive on Nov 12, 1938, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility - Chronic
nephritis - High B. P.
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Broken hip - about 2/1/38
Acc. fall at Leon, Iowa (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF 1860
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. B. Powell, M. D.
11-12-, 1938 (Address) 424 Argyle Building

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Leon, Iowa
DATE OF BURIAL: Nov 15 1938

20. UNDERTAKER: Frank S. Stewart
ADDRESS: Leon Ia.