

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 20 1939

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

Do not use this space.

1220

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. 1002  
No. 4006 Paces

File No. \_\_\_\_\_  
Registered No. 233  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 4006 Paces St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 11 17

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

13. NAME Thomas Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 City

17. INFORMANT (ADDRESS) Helen Eaves Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Spg DATE Jan 19 1939

19. UNDERTAKER (ADDRESS) Herbert Howe Excelsior Spg Mo.

20. FILED Jan 19 1939 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939 to Jan 19 1939  
I last saw her alive on Jan 19 1939 Death is said to have occurred on the date stated above, at 10 A.M.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 1-19-39

Other contributory causes of importance:  
Angina Pectoris 1-19-39

Name of operation no Date of no  
What test confirmed diagnosis? symptoms Was there 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, 19 no  
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. G. Mackay M. D.  
(Address) Kansas City Mo

