

REC'D APR 17 1939

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

9764

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 355
(b) Township Raw Primary Registration District No. 1002 Registered No. 1370
(c) City K. C. Mo 1 (d) Street No. 4432 Mill Creek Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

550 Nina E. Tamm
(a) Residence, No. 4432 Mill Creek Blvd. St. K. C. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) La Cygne
(STATE OR COUNTRY) Kansas

13. NAME Joseph Duncan
14. BIRTHPLACE (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)

15. MAIDEN NAME Millie Gray
16. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

17. INFORMANT Mary T Howlett
(ADDRESS) 4432 Mill Creek Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Cem DATE 3/31 1939

19. FUNERAL DIRECTOR (NAME) Walter's Bros Indl
(ADDRESS) 1729 Lydia

20. FILED Mar 30 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-39, 19

22. I HEREBY CERTIFY, That I attended deceased from

April 1939, 19

I last saw deceased alive on April 1939 Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Supertensive Hypertension
Acute Pulmonary Edema
9251

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Other Was there an autopsy? _____

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) Russell W. Brown, M. D.

(Address) _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

D. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *D. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *A.S. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.