

REC'D APR 15 1939

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

Do not use this space.

11098

## 1. PLACE OF DEATH

County JacksonRegistration District No. 406Township PrariePrimary Registration District No. 5553B.City Lee's Summit (No. 428)

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. Lee's Summit, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James E Bales.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 - 1851</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	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)  
Kansas City, Mo.13. NAME Silas Holmer.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Shelby Co. Ky.15. MAIDEN NAME Nancy Holmer.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Shelby Co. Ky.17. INFORMANT (ADDRESS)  
Frank Bales, Lee's Summit, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Elmwood Cem. DATE 4-3-3919. UNDERTAKER (ADDRESS)  
W. B. Langford, Lee's Summit, Mo.20. FILED 4/3/39 1939 Lara J. Barnes Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 - 193922. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to April 1, 1939I last saw her alive on April 1, 1939. Death is saidto have occurred on the date stated above, at 10:15 a. m.

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

Acute Regurgitation Date of onset 1939Cerebral Hemorrhage 1934Other contributory causes of importance: g. f. p.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) Clint L. Miller, M. D.(Address) Lee's Summit, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

