

REC'D JUL 10 1939

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

21166
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jackson Registration District No. 399
 (b) Township..... Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2933 Wabash 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.

Registered No. 2134

2. PRINT FULL NAME Mrs. Nancy Amelia Trowbridge

(a) Residence, No. 2933 Wabash St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irving Trowbridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Ireland 5

FATHER 13. NAME John Hile 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Mary McKee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Zelma Lathan,
 (ADDRESS) 2933 Wabash, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Ks. DATE June 15-39,

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED June 14, 1939 M. M. Crowe, reg.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 19 39

22. I HEREBY CERTIFY, That I attended deceased from 1939, to June 13, 19 39

I last saw her alive on June 8, 19 39. Death is said to have occurred on the date stated above, at 1 PM m.

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

Chronic myocarditis & Chorea
131

Other contributory causes of importance:
senility

Name of operation Date of
 What test confirmed diagnosis? 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

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.
 (Signed) M. R. Jackson, M. D.
 (Address) 1107 Bryant Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14028

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,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

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.