

AUG 7 1939

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

Do not use this space.

24707

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township East Primary Registration District No. 1002
City Kansas City (No. 2116 Charlotte) St. Ward

File No.
Registered No. 2920
St. Ward

2. FULL NAME Mary Lee Stewart

(a) Residence, No. 2116 Charlotte St., Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced from Anderson Smith

22. I HEREBY CERTIFY, That I attended deceased from 7-7-39, to 7-15-39, 19396. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1885I last saw her alive on 7-15-39 Death is said to have occurred on the date stated above, at 11:45 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 2 27

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Lobar Pneumonia

10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation 25 years

Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 13. NAME Claborne Stewart 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 15. MAIDEN NAME UnknownName of operation Date of 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.What test confirmed diagnosis? Was there an autopsy? 17. INFORMANT Wennie Lane

23. If death was due to external causes (violence), fill in also the following:

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Cemetery DATE July 18, 1939Accident, suicide, or homicide? Date of injury , 19 19. UNDERTAKER Fannie Meech Funeral HomeWhere did injury occur? (Specify city or town, county, and State)20. FILED July 18, 1939 M. M. Boone Registrar.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) M. D.(Address) 1605 E. 18th St.

N.B.—Every item of information shown on this form is carefully checked. 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.

July 16, 1939
Body Embalmed by Fannie L. Meek
Md. License no. 3818