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

REC'D NOV 14 1939

34891
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3866
(c) City Kansas City — (d) Street No. 4141 Euclid 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Addie A Sinclair 524
(a) Residence, No. 5305 E 49th St.
(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: Feniale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Floyd F. Sinclair
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12, 1878
7. AGE: Years 61 — Months 5 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Phillipsburg Kansas

FATHER
13. NAME: Vardiman Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis County Iowa

MOTHER
15. MAIDEN NAME: Ida Laird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis County Iowa

17. INFORMANT (ADDRESS): Mrs T. O. McCurry 5040 So Benton
18. BURIAL, CREMATION, OR REMOVAL PLACE: Floral Hills DATE: October 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D W Newcomers Sons 1401 Brush Creek
20. FILED: Oct 6/39, 19 M. M. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Oct 5, 1939
I last saw her alive on Oct 5, 1939. Death is said to have occurred on the date stated above, at 2:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/1/39
Other contributory causes of importance: Essential hypertension	

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?
If so, specify
(Signed) H C Trippe M. D.
(Address) 710 Prof Bldg, City

Licensed Embalmer's Statement on Reverse Side)

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.

WHAT PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

110 Vrogenson
11:30-12; 2-5

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address Kansas City, 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.