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

Do not use this space.

4966

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas city (No. St Lukes Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1003
File No. 765
Registered No.

2. FULL NAME Effa B Stuart
(a) Residence. No. 3000 Grand ave Ward.
(Usual place of abode) (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

3. SEX: Fe
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 Irvin R Stuart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trained Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER David E Baldwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Ollive Terry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Irvin R Stuart
(Address) 3000 Grand ave

15. FILED 2/21 1927 M M Crane asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Feb 20, 1927 that I last saw her alive on Feb 20, 1927, and that death occurred, on the date stated above, at 1 07 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute hyper thyroidism
66B 67 (duration) 1 yrs. mos. 44 ds.

CONTRIBUTORY (SECONDARY) Hyper plastic
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Lukes Hospital
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 19 -
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin
(Signed) E R Miller, M. D
2/21, 1927 (Address) 800 Keallo 1 Ex 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial park
DATE OF BURIAL: 2-23 1927

20. UNDERTAKER: Dwyer Newcomers Sons
ADDRESS: K.C. 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.

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1-5

acute Hyperthyroidism
Hyperplastic.

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