

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

Do not use this space. **10963**
10913

1. PLACE OF DEATH

County Jackson Registration District No. 0
Township Jean Primary Registration District No. 2
City K.C. (No. St Joseph Hosp)

File No. 1474
Registered No. 1474
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Blackstone Hotel Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas Olmstead

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10th 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
33 5 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer). E B T D G Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) No Data

PARENTS
10. NAME OF FATHER Mr Thos R Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No Data
12. MAIDEN NAME OF MOTHER Getta Drupsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No Data

14. INFORMANT Mildred Olmstead (Address) Blackstone Hotel

15. FILED 3/25 19 29 M. M. Croome REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23/29 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1929, to March 22, 1929 that I last saw her alive on March 22, 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
139B
121B
Peritonitis
129 (duration) _____ yrs _____ mos _____ ds.
CONTRIBUTORY (SECONDARY) operation for colingitis
peritonitis (duration) 1 yrs _____ mos _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH Kan City mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-18-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) C. A. McQuire M. D.
3/23, 19 29 (Address) 829 Riatts Bldg.

*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 St Washington Cem DATE OF BURIAL 3/25/29 19 29

20. UNDERTAKER H. J. Mayberry Co ADDRESS K. City Mo

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.

17B
31
31
31

