

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.

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

Do not use this space
10984
10934
File No. 1495
Registered No. 1495
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kenn Primary Registration District No. 1002
City Kansas City Mo (No. 3601 Main)

2. FULL NAME Bella Meek
(a) Residence No. 3601 Main St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widow) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16-1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 3 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Ohio

10. NAME OF FATHER Mr. Glenn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Alonzo Meek
(Address) 3601 Main St

15. FILED 726 1929 M. M. Brown REGISTRAR
usor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1929, to Feb 23 1929, and that I last saw her alive on Feb 23 1929, and that death occurred, on the date stated above, at 12:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial, Chronic
CONTRIBUTORY (SECONDARY) Coronary
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Eugene D. Cutner M. D.
2/24 1929 (Address) 920 Chamber Bed

*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 Joseph Mo DATE OF BURIAL March 27 1929
St Joseph Mo

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand

Dr. R. C. Smith
920 & 1/2 Franklin St.
Baltimore, Md.