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

Do not use this space.

314667

399

File No. 6760

Registered No. 1760

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1033

Township: Kan — Primary Registration District No.:

City: K.C. Mo. (No. 1402 Tracy ave St. Ward)

2. FULL NAME Nellie May Root

(a) Residence. No. 1402 Tracy Ave St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen R. Root

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-21-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Mo.

PARENTS

10. NAME OF FATHER R. J. Evans

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

12. MAIDEN NAME OF MOTHER Flora Gray

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

14. INFORMANT Ray G. Taylor
(Address) 215 W. Arthur

15. FILED 4/9, 1929 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8 1929

17. Deputy Coroner
I HEREBY CERTIFY, that I attended deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
2 yrs
1 yr
9 mos
..... (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis
..... (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Blaney M. Hall, M. D
4/8, 1929 (Address) Deputy Coroner

*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	DATE OF BURIAL
Forest Hill	4-9-1929
20. UNDERTAKER	**ADDRESS**
Mrs. E. L. Forster	K.C. 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.