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

Do not use this space.

33708

1. PLACE OF DEATH
County Jackson
Township Law
City Kansas City Mo. (No. Little Sisters of the Poor St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 4159
Registered No.

2. FULL NAME Mary Carroll
(a) Residence. No. 53 Highland av. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Cack
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-6-1866
7. AGE: 63 YEARS | MONTHS: 3 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): U. S.

PARENTS
10. NAME OF FATHER: William Pay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Sarah Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Little Sisters of the Poor
(Address) 53 Highland av. K. C.
15. FILED 10/7, 1929 M. M. Crowe Asst. REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 5 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Oct 5, 1929 that I last saw h..... alive on Oct 2, 1929 and that death occurred, on the date stated above, at 6 p.m.
92A THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C
Mitral regurgitation & chronic myocarditis
Sexual (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
90A
18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? Home
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P.E.
10/5, 1929 (Signed) A. Cack Bowitz, M.D.
(Address) 1034 Argyle 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: Wakefield Kansas
DATE OF BURIAL: Oct 6 1929
20. UNDERTAKER: Quirk & Tobin Co.
ADDRESS: 20 W Linwood

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD