

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

5922
1107

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence. No. 3334 Walnut St. Philadelphia Ward 8
(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 Female
4. COLOR OR RACE Ca
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Elmer Nickens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrensburg, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessy Mae Samuels

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

14. INFORMANT General Clerk
(Address) General Hospital #2

15. FILED 3-7-31 M. M. Chowe REGISTRAR
amb

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-13 1931, to 2-15 1931, that I last saw her alive on 2-15 1931, and that death occurred, on the date stated above, at 6:45 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature

159 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Infection (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. M. Miller M. D.

16 1931 (Address) General Hospital #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 DATE OF BURIAL

Blue Ridge Lawn 2/9 1931

20. UNDERTAKER ADDRESS

Hathkin Bove Milt Co 1729 Lydia

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

