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

Do not use this space.

14377

1. PLACE OF DEATH
County Jack
Township Kaw
City KC Mo (No. 2710 Holmes St. Ward)
Registration District No. 899
Primary Registration District No. 2710 Holmes
File No.
Registered No. 1894

2. FULL NAME Mary Alison House
(a) Residence. No. 2710 Holmes St., 3 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 Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8-1850

7. AGE Years 80 Months 6 Days 14 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Vink White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Mrs. A. H. Elliott
(Address) 2710 Holmes

15. FILED 4/23 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930, to April 22, 1931, that I last saw her alive on 4-22, 1931, and that death occurred, on the date stated above, at 4:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyelonephrosis

133A (duration) 2 yrs. mos. ds.

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

133

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 findings
(Signed) Ellis W Wellberry, M. D.
4/23, 19 (Address) 820 Prof 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 Carthage Mo.
DATE OF BURIAL 4-24 1931

20. UNDERTAKER Mrs C L Forster
ADDRESS KC 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.

Ja 2394

Dr. Ellis W. Wilhelmy
Profession

Vi - 1198
409 E 63 Terr Hi - 6928
We - 9500

- 5 pm.