

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

Do not use this space.

34475

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Lawrence City

Registration District No. 393  
Primary Registration District No. 1002  
(No. Streatley Pros. Hosp)

File No. 110A  
Registered No. 110A  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 719 E Pacific St. West Ward.

(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 <u>♀</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6 - 1889</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Born Ireland</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Mary</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Hellie Walker 719 E Pacific</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul - Ind</u> DATE <u>10-15-1931</u>
	19. UNDERTAKER (ADDRESS) <u>St. Paul (Ind) 1724 S. 4th St. Ind</u>
	20. FILED <u>10-15-1931</u> M. M. Grove Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1931  
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 11, 1931  
I last saw him alive on Oct 11, 1931. Death is said to have occurred on the date stated above, at 11:27 a.m.  
The principal cause of death and related causes of importance were as follows:

acute Pyelitis  
Uremic Poisoning  
Date of onset 10/9/31

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? ✓  
If so, specify \_\_\_\_\_  
(Signed) E. O. Brown, M. D.  
(Address) 11830 S. 1st

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.

