

H. E. Melser

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 2753 Benton Blvd.) St. Ward)

File No. 834918
Registered No. St. Ward)

2. FULL NAME

Dykstra Mary Theresa

(a) Residence, No. 2753 Benton St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Frank B. Dykstra

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgely Mo.

13. NAME Dennis McConor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Katherine Braunagar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Miss Ethel Dykstra

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary Cemetery DATE Nov 5 1932

19. UNDERTAKER W. J. Ladd McElroy

20. FILED 3/4 1932 Wm. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 26 - 1932 to March - 3 - 1932
I last saw her alive on March - 2 - 1932 Death is said to have occurred on the date stated above, at 3:05 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2-26-32

Other contributory causes of importance: 108 108

Name of operation Physical Date of
What test confirmed diagnosis? findings 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 , 19

Where did injury occur? (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) H. E. Melser, M. D.
(Address) 318 Argyle Bldg

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.

