

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

Do not use this space.

22846

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas City, Mo. (No. Ben Hospital #2)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2756
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1720 Bayfield St. 4 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS 62 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) mo. 1

13. NAME Johnson

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

15. MAIDEN NAME Jane Knox

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

17. INFORMANT Record Clerk

(ADDRESS) Ben. Hospital #2

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Bldg. 7/14/32

19. UNDERTAKER Mathepa Mrs. Walk

(ADDRESS) 1729 Bayfield

20. FILED July 14 1932 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

A 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1932, to 7-9, 1932

I last saw him alive on 7-9, 1932. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

(1) mitral insufficiency
(2) myocarditis
(3) hypertension
atherosclerosis
rheumatic heart disease

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? lab. & clinic 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) D. M. Miller _____, M. D.

(Address) Ben. Hospital #2

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.

