

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

Do not use this space.

**32266**

File No. **3793**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Wear Primary Registration District No. 1003  
City Kansas City (No. K.C. General Hosp)

**2. FULL NAME**

Mary Young  
(a) Residence, No. 2443 Walworth St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 3 18  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'  
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 Samuel H. Jones  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poliver Mo  
15. MAIDEN NAME Dialpha Fry  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

17. INFORMANT Bevra Clark  
(ADDRESS) K.C. Gen. Hosp. K.C. Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 10-10 1932  
19. UNDERTAKER Ketterling  
(ADDRESS) 2457 Independence  
20. FILED 10-9 1932 M. M. Corow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1932  
22. I HEREBY CERTIFY, That I attended deceased from 10-4 1932 to 10-8 1932  
I last saw her alive on 10-8 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pleurisy with effusion  
Not tuberculous or traumatic  
1100  
231  
Other contributory causes of importance:  
Anti myocarditis  
Name of operation 110 Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 P. E. Williams M. D.  
(Signed) \_\_\_\_\_ (Address) Supt K.C. Gen. Hosp K.C. Mo.  
10-8-32

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.

