

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

Do not use this space.

1775

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 3225 PASEO)

Registration District No. 389
Primary Registration District No. 5008

File No. _____
Registered No. 505
St. _____ Ward _____

2. FULL NAME MRS. FRANCES GOING DEWEY

(a) Residence, No. 3225 PASEO St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>WILLIAM H. DEWEY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JANUARY-17-1849</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>0</u>
		<u>12</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>NONE</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Jan 29, 1933
I last saw h. ee alive on 29 of Jan, 1933 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Ischemic pneumonia,
acute
108
49
108

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ 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 _____, 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? NO
If so, specify _____
(Signed) Donald R. Clark, M. D.
(Address) 964 Bradford, K.C. Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MICHIGAN</u>
	13. NAME <u>HARRY J. GOING</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MASSACHUSETTS</u>
	15. MAIDEN NAME <u>CELESTINE VEACH</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MICHIGAN</u>
17. INFORMANT <u>MRS. JOHN A. PARKINSON</u> (ADDRESS) <u>3225 PASEO BLVD</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NEWCOMER'S VAULTS</u> DATE <u>JANUARY-31, 1933</u>	
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST-9TH ST</u>	
20. FILED <u>Jan 31, 1933</u> <u>M. M. Crowe</u> Registrar.	

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. PROBABLE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

26
m

2
2
2

2:30 3:30