MARGIN RESERVED FOR BIND

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.

JAN 8 1934

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

Do not use this space.

39491

1. PLACE OF DEATH

24

County Clay — Registration District No. 197

Township Galliton — Primary Registration District No. 5276

City North Kansas City (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Alice Charles Dabbs

(a) Residence, No. North Kansas City RFD #4 St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	11	29	

OCCUPATION

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

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) New York 2

FATHER

13. NAME Jonathan Charles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine 2

MOTHER

15. MAIDEN NAME Rowena Bannister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

17. INFORMANT (ADDRESS) Mrs. Bradfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Scott Ks. DATE 12/8 1933

19. UNDERTAKER (ADDRESS) The Freeman Mortuary Kansas City Mo.

20. FILED Dec 6 1933 John S Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933, to December 6, 1933

I last saw her alive on December 5, 1933. Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Senility
Chronic myocarditis
Inanition
93C
15 D

Date of onset

Other contributory causes of importance:

93C

Name of operation none Date of —

What test confirmed diagnosis? — 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) Harry C. Staley, M. D.

(Address) North Kansas City, Mo.

S. NO. 2

Mr Harry Staley
Community Bldg.
V. K. C.