

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

Do not use this space.

1199

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kansas Primary Registration District No. W. 38th St.
 City Kansas City (No. 1019) (W. 38th St.) St. Ward

File No. _____
 Registered No. 169
 St. _____ Ward _____

2. FULL NAME

Mrs. Marysbell Earp
 (a) Residence, No. Kevada Mo., 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.

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. L. Earp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-12-1865</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>2</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) Jan 12, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan. 11, 1934, to Jan 12, 1934

I last saw her alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

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

Pulmonary embolism from femoral vein thrombosis
leg. R. A. A. M.
 Other contributory causes of importance:
possible infection of varicose veins of leg
asphyxiation of leg

Date of onset _____

Name of operation veins cut 1/11/34 Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. H. Hayden M.D., M. D.
 (Address) Kansas City, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>W. H. Callahan</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
	15. MAIDEN NAME <u>Feltitia Dickey</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
INFORMANT	17. INFORMANT <u>Claude Earp</u> (ADDRESS) <u>Kevada Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kevada Mo.</u> DATE <u>1/14</u> , 19 <u>34</u>
UNDERTAKER	19. UNDERTAKER <u>Stiney McClure</u> (ADDRESS) <u>Kansas City Mo.</u>
	20. FILED <u>Jan 13, 34</u> <u>M. M. Crowe</u> <u>Regist.</u>

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.

227

4-55

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19

1934

