

FEB 19 1935

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

Do not use this space.

1613

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Man Primary Registration District No. 1002  
City Kansas City (No. General Hospital) St.          Ward         

File No.           
Registered No.         

2. FULL NAME

(a) Residence, No. 1014 Main St.,          Ward.         

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS 70 MONTHS          DAYS          If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Record Clerk (ADDRESS) General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Seeds DATE 1-31-35 19.

19. UNDERTAKER Geley B. Fogarty (ADDRESS) 536 Canfield

20. FILED 1-31-35 19. M. D. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-24-35, 1935, to 1-27-35, 1935

I last saw her alive on 1-27-35, 1935 Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Bronchopneumonia Date of onset         

Other contributory causes of importance: Chronic Myocarditis

Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy? Yes

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) J. J. Bennett, M. D.  
(Address) General Hosp

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.

