

MAY 24 1935

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

Do not use this space.

13034

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St Joseph Hospital) Si. 333 Ward)

2. FULL NAME Mrs. Irene Vera
(a) Residence, No. 700 West 47th Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Illinois13. NAME David E. Ellis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire15. MAIDEN NAME Anna B. Snell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Leonard Dumas
(ADDRESS) 700 West 47th Street18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE April 24, 3519. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street20. FILED 4-23, 35 M. M. Crawford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935 to April 22, 1935
I last saw him alive on April 22, 1935 Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

1. Acute Toxic Myocarditis Date of onset 3/30/35
2. Hypertensive Pneumonia 4/1/35
3. Acute Pyelitis (Cause unknown) 4/1/35

Other contributory causes of importance:
1. Chronic Myocarditis ?
2. " " " "
3. Chronic Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. Ex. 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) A. P. Gubrey, M. D.(Address) 1318 Bryant Blvd.

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.

51. George Augustus
Boyce's Album

Vol 1500

1 P. 910. - 4:30 P.M.

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

Do not use this space.
**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY**
File No. _____
Registered No. 1736
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. 399
Township..... Primary Registration District No. 1002
City KANSAS CITY (No. St. Joseph Hosp)

2. FULL NAME

(a) Residence, No. _____ St., _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 5 2

OCCUPATION

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

MOTHER FATHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED Apr 23 1935 M. Cron Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

hypostatic pneumonia from passive congestion
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ 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 _____

(Signed) A. S. Slukey, M. D.
(Address) 1318 Bryant Pl.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 6 1935

S-13034

RECEIVED
JUN 10 1935