

JUN 17 1936

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

Do not use this space.

15537

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township 1st Primary Registration District No. 1002 Registered No. _____
City Gen. Hospt. #2 (No. 3rd St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 5930 Myrtle Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Mc Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 50 1 1

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

13. NAME Livi Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Hattie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Record Dept Central Hospt #2

18. BURIAL, CREMATION, OR REMOVAL PLACE North Lawrence DATE May 1 1936

19. UNDERTAKER (ADDRESS) Hatkins Bros 1729 Lydia

20. FILED May 1, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1936 to 4-28 1936

I last saw her alive on 4-28 1936 Death is said to have occurred on the date stated above, at 11:12 A.M

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

acute Hemorrhagic Nephritis (etiology unknown) Maniac Depressive Psychosis
Other contributory causes of importance: Sclerotic type Heart Disease

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? 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) B. O. Dwyer M. D.
(Address) General Hospt. #2

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.

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