DEC 20 1936

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

Do not use this space.

37959

1. PLACE OF DEATH
County: Jackson — Registration District No.: 299 — File No.:
Township: East — Primary Registration District No.: 1002 — Registered No.: 5082
City: Kansas City (No.: St Joseph Hospital St.: Ward:)

2. FULL NAME: Martha Carey — Martha Annette Carey
(a) Residence, No.: 800 W Charles St., Ward. Independence, Mo (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 14 1935

7. AGE: Years 0 — Months 11 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Independence Missouri

FATHER
13. NAME: Claude Lee Carey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Missouri

MOTHER
15. MAIDEN NAME: Elrita Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden County Missouri

17. INFORMANT (ADDRESS): C. L. Carey 800 W. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Hills Cem. Nov 1, 1936

19. UNDERTAKER (ADDRESS): George C. Carson Independence Mo.

20. FILED: Nov 23, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936, to —, 19..
I last saw h.. alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Atelectasis — Date of onset

Other contributory causes of importance: Unknown

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) Wallace C Bell, M. D.
(Address) 1102 Grand St

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.

X7044

J. WALLACE BEIL, M. D.
WALLACE C. BEIL, M. D.

1302 BRYANT BUILDING

KANSAS CITY, MISSOURI

Dec. 7-36.

Bureau of Vital Statistics,
Kansas City, Mo.

Dear Sir:

In the case of Martha A. Carey the postmortem examination showed a pulmonary collapse for which there was no cause that could be found by pathologists. Accordingly that is the best diagnosis that I can make for the cause of death.

Very respectfully,

Wallace C Beil M.D.

Wallace C. Beil, M.D.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 5082

City..... (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME Martha A. O'Leary

(a) Residence, No..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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.
	11		

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)

FATHER

13. NAME

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

MOTHER

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 11/23, 1936 M. A. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 - 1936

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

I last saw h..... 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:

	Date of onset
Pulmonary Collapse	
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)....., M. D.

(Address).....

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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