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.

MAY 15 1937

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

Do not use this space.

15240

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 142 North Oakley St. Ward)

2. FULL NAME Miss Nellie May Antrim
(a) Residence, No. 142 North Oakley 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 7, 1912
7. AGE: 24 YEARS, 6 MONTHS, 7 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Beauty Operator
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): Kansas

FATHER
13. NAME: J. E. Antrim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Della Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

17. INFORMANT (ADDRESS): J. E. Antrim (Father) 142 North Oakley, Kansas Cy., Mo.
18. BURIAL, ~~CREMATION OR REMOVAL~~ St. Luke's Forest Hill
PLACE Kansas City, Missouri DATE April 1937
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED Apr 15 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1937, to 4-14, 1937
I last saw her alive on 4-14, 1937. Death is said to have occurred on the date stated above, at A. m. 10:15
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	4-13-37
95 Pr	

Other contributory causes of importance:

Bronchial Asthma	9 yrs.

Name of operation: None — Date of
What test confirmed diagnosis? — 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) E. A. Wilkinson, M. D.
(Address) 5900 St. John Ave.

Jun

5900 Jt 20 hm
Ch 2642
Bo 1515
Prop. Bld.
2:30 PM