

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jackson
Kaw
Kansas City, Mo.

Registration District No.

Primary Registration District No.

399

1003

File No.

Registered No.

St.

Ward)

26392

205

2. FULL NAME

(a) Residence, No.
(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.

Jessie Huddgens Sawyer
816 E 23rd St. North Kansas City, Mo.
Research

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

J Sawyer

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

July 3, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Page County, Texas

13. NAME

Lafayette Huddgens

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

France

15. MAIDEN NAME

Emily Condra

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

Texas

17. INFORMANT
(ADDRESS)Mrs J F Van Hook
816 E 23rd St. North Kansas City, Mo.

18. BURIAL (CREMATION) OR REMOVAL

PLACE

Elmwood, W. Mo. July 24/37

19. UNDERTAKER
(ADDRESS)Morton Funeral Home
North Kansas City, Mo.

20. FILED

July 23, 1937 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 6, 1937, to July 22, 1937

I last saw her alive on July 21, 1937. Death is said

to have occurred on the date stated above, at 9:25 a.m.

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

Obclusion of Cerebral Vessel
(Right Frontal), necrosis of
Right frontal lobe of brain
Pulmonary Edema

Date of onset

May 6/37

7/21/37

Other contributory causes of importance:

Name of operation..... none Date of.....

What test confirmed diagnosis? ~~Diagnosis~~ ^{Autopsy} 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? none

(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) Harry R. Staley, M. D.(Address) North Kansas City, Mo.

816 E 23 Ave.
No. K.C. Mo.

~~S. S. S. S.~~