

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Lataw  
City Kansas City (No. Whitely Prov. Hosp)

Registration District No. 399

Primary Registration District No. 1097

File No. 36807

Registered No. 1236

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Adeline Ellis Perry

(a) Residence, No. 2447 Flora St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>Fe</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Otloy Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1903</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>9</u>
	DAYS <u>—</u>	IF LESS THAN 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dress maker</u>	
	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) <u>San Antonio Texas</u>		
FATHER	13. NAME <u>Robert Ellis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seguin Texas</u>	
MOTHER	15. MAIDEN NAME <u>Anna Hair</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seguin Texas</u>	
17. INFORMANT (ADDRESS) <u>Jessie E Perry 2718 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln</u> DATE <u>10/21</u> , 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Hatkins Bros 1729 Lytle</u>		
20. FILED <u>Oct 21</u> , 19 <u>37</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1937, to Oct 18, 1937

I last saw him alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Cerebral thrombosis  
Nephritis

Other contributory causes of importance:  
Arteriosclerosis secondary to Fibroid

Name of operation none Date of \_\_\_\_\_

What test confirmed 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? \_\_\_\_\_ 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) J. C. Thomas, M. D.

(Address) 1830 Vine

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township \_\_\_\_\_ Primary Registration District No. 1902  
City Kansas City (No. Wheatley Prov Hosp)

File No. 36807A  
Registered No. 42376  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2447 Flora 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 <u>M</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>34</u>	MONTHS _____ DAYS _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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)		
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. UNDERTAKER (ADDRESS)		
20. FILED <u>Oct 21, 1937</u> <u>M. H. Brown</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1937

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

I last saw him \_\_\_\_\_ 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:

Paraschymatous Neoplasm (Date of onset \_\_\_\_\_)

Subacute (Date of onset \_\_\_\_\_)

54B

Other contributory causes of importance: Anemia, secondary to Fibroid (non malignant) of uterus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What first 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) J. C. Turner, M. D.  
(Address) 1830 Olive

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated. CITY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. .... File No. ....  
 Township ..... Primary Registration District No. .... Registered No. 4236  
 City ..... (No. Whitely Prov Hospital) ..... Ward .....

**2. FULL NAME**

Adlene C Terry  
 (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 <u>Female</u>	4. COLOR OR RACE <u>Red</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>34</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
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. UNDERTAKER (ADDRESS)		
20. FILED <u>Oct 21 1937</u> <u>M. M. Brown</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 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:  
Tuberculous meningitis  
Post acute exacerbation of chronic inf.  
Other contributory causes of importance:  
to tuberculous meningitis secondary  
Non malignant

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) .....

SUPPLEMENTARY

N.B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact status, occupation, and cause of death should be stated. EXAMINATION is very important. THIS IS A PERMANENT RECORD. PHYSICIANS should be consulted. EXAMINATION is very important. IS PRESCRIBED BY LAW. REGISTERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE REGISTERED.