

REC'D MAR 9 1939

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

5282
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 481
(c) City Kansas City, Mo. (d) Street No. 4723 East 27th, Str. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4723 E. 27th, Str., K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. H. Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1888
7. AGE YEARS 56 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Credit Interviewer Jones
9. Industry or business in which work was done, as saw mill, bank, etc. Store Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Ottawa (STATE OR COUNTRY) Mo

13. NAME Jane M. Young

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

15. MAIDEN NAME Margaret P. Graham

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

17. INFORMANT Mrs. Pearl Young, (ADDRESS) 4723 East 27th, Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 6 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 76 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1928 to Feb 3 1939
I last saw him alive on Feb 2 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
mitral stenosis
myocarditis
Date of onset

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) Ishel & Mary, M. D.
(Address) 814 West 4th St. K.C. Mo.

K. 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.

Dr. _____
Phone _____

Med. Ass't BERRY
1:30 P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.