

REC'D MAR 9 1939

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

5366

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Flaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2518 Highland Ave Registered No. 565
 (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 Nannie Street 68 2 20 Natural Born.
 (a) Residence, No. 2518 Highland St. Kansas City Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed, of Will Street.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>68</u>	<u>68</u>	<u>2</u>	<u>20</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as 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), Nashville /
(STATE OR COUNTRY) Tennessee /13. NAME Washington Reed /14. BIRTHPLACE (CITY OR TOWN), Tennessee /
(STATE OR COUNTRY)15. MAIDEN NAME Francis Reed16. BIRTHPLACE (CITY OR TOWN), Nashville
(STATE OR COUNTRY) Tennessee17. INFORMANT Malinda Reed
(ADDRESS) 2518 Highland Av KC Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Apple Hill DATE 2-10-3919. FUNERAL DIRECTOR (NAME) J. B. Moore
(ADDRESS) 1920 E-18 Street.20. FILED 2-10-38 M. M. Crowson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/39, 1922. I HEREBY CERTIFY, That I attended deceased from
Jan 16th, 1939, to 2/7/39, 19I last saw her alive on 2/7/39, 19. Death is said to have occurred on the date stated above, at 11:15 PM

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

Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Cancer of Pancreas.Name of operation ----- Date of -----What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ----- Date of injury -----, 19Where 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 No(Signed) Dr. E. L. Walker, M. D.(Address) 1820 Vine St Kansas City Mo.

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,

A. B. Moore

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

A. B. Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 East 18th*

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.