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.

REC'D OCT 13 [illegible]

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

Do not use this space.

313766

1. PLACE OF DEATH

County Jackson, Registration District No. 399

Township Kaw, Primary Registration District No. 1002

City Kansas City, Mo. (No. Trinity Lutheran Hospital St. Ward)

File No.

Registered No. 3474

2. FULL NAME 363 Mellanie E. Stewart,

(a) Residence, No. Chillhowee, Mo. 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Andrew Stewart,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1863.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Nebraska

FATHER

13. NAME James Kennedy,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York,

MOTHER

15. MAIDEN NAME Amanda Royce,

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

17. INFORMANT (ADDRESS) C. W. Stewart, 2853 Oakley, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillhowee, Mo. DATE 9/5 1939

19. UNDERTAKER (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED Sept 5 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1939, to Sept 5, 1939

I last saw her alive on Sept 4, 1939. 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:

	Date of onset
Chr. Myocarditis	—
93c	
Other contributory causes of importance: Generalized Arteriosclerosis	—

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) [signature], M. D.

(Address) 1401 S. W. Blvd K.C.K.