

FEB MAR 16 1940

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

Do not use this space.

6885

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. ....

Township Blue

Primary Registration District No. 5554

Registered No. 40

City Kansas City (No. Rural 3 36th Blue Ridge St. Ward)

2. FULL NAME

Single B. Singleton?

(a) Residence No. Bedford St. 1 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female white widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Clay Singleton

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

Oct 29-1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>3</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home.  
(b) General nature of industry, business, or establishment in which employed (or employer) of home.  
(c) Name of employer

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

Bedford Iowa

10. NAME OF FATHER

Wm Hyson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Martha Webb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

14.

INFORMANT Rudy Singleton  
(Address) 364 Blue Ridge St

15.

FILED Feb. 2, 1940 F. L. Cook  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 19 40

17.

I HEREBY CERTIFY, That I attended deceased from Jan 25 1940 to Feb 1 1940

that I last saw her alive on 1/1/40, 1940, and that death occurred, on the date stated above, at 2:20 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

82 yr  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

senility  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred W. Smith M. D.

, 19 (Address) Farmount, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bedford Iowa 2. 3 19 40

20. UNDERTAKER

ADDRESS

F. L. Cook Bedford Ia

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.

