

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

37572

1 PLACE OF DEATH
County Jackson
Township Haw
Village Kansas City
City 709 Belmont

Registration District No. 899
Primary Registration District No. 100

File No. 3659
Registered No. 3659

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Althea N. Wise

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED Married

16 DATE OF DEATH Nov 2, 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Nov 17, 1860
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 20, 1916, to Nov 2, 1916, that I last saw her alive on Nov 1, 1916, and that death occurred, on the date stated above, at 5 P m.

7 AGE 55 yrs. 11 mos. 15 ds.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Cancer of uterus
WV
(Duration) 6 yrs. 6 mos. 6 ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (Secondary) Malaria
(Duration) 1 yrs. 1 mos. 6 ds.
(Signed) W. J. Callaghan M. D.
Nov 2, 1916. (Address) 540 Cambridge

9 BIRTHPLACE (City or town, State or foreign country) Illinois

PARENTS
10 NAME OF FATHER Alex. H. Narg
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Indy
12 MAIDEN NAME OF MOTHER Anna F. Robson
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Scotland

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucy Wise
(Address) 709 Belmont

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 6 yrs. 6 mos. 6 ds. In the State 6 yrs. 6 mos. 6 ds.
Where was disease contracted if not at place of death?
Former or usual residence.

15 Filed NOV - 3 1916
W. J. Miller
Registrar

19 PLACE OF BURIAL OR REMOVAL Elmwood
DATE OF BURIAL Nov 5, 1916
20 UNDERTAKER Rosier Co
ADDRESS 15 Jackson

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.

