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

Do not use this space.

4818

File No. 618

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME Emma Farnsworth

(a) Residence. No. Atchison Ks 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: Fe

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

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

7. AGE: about 69 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: unknown

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: "

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address): St Lukes Hosp Kansas city - Mo

15. FILED 2/13 1927 M. M. Crocus Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb - 13 1927

17. I HEREBY CERTIFY, That I attended deceased from 2/10/27, 19..., to 2/13/27, 19..., that I last saw her alive on 2/13/27, 19..., and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

45B Exhaustion

47B

53E General Carcinomatosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Tongue metastasis in lung. (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Atchison Ks

0 43

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray-section

(Signed) H P Culm, M. D

2/13, 1927 (Address) 1325 Prospect Bldg

*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: Atchison Ks — DATE OF BURIAL: Feb. 13 1927

20. UNDERTAKER: D W Newcomers Sons — ADDRESS: K.C. Mo

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.

5431 Mission Ave Hgh 6023