

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

Do not use this space.

8440

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. _____
 Township Ida Primary Registration District No. 1002 Registered No. 1299
 City Kansas City (No. Kansas City Genl Hosp) St. _____ Ward _____

2. FULL NAME

Summers Eunice
 (a) Residence No. 545 Claremont St. Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10 1881

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
45 | 6 | 13 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Colorado

10. NAME OF FATHER Hezekiel Vincent

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

12. MAIDEN NAME OF MOTHER Annie Estes

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

14. INFORMANT Record Clerk
 (Address) K. C. Genl Hosp.

15. FILED Mar 28 1927 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-23, 1927, to 3-23, 1927 that I last saw her alive on 3-23, 1927, and that death occurred, on the date stated above, at 1:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Surgical shock following operation for intestinal obstruction.
Intestinal adhesions (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 12213 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-23-27

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clint operation
 (Signed) George Lee M. D.

3-24, 1927 (Address) Art Dept K. C. Gen. Hosp

*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 Seeds **DATE OF BURIAL** 3/29 27

20. UNDERTAKER W. West **ADDRESS** 190 East 45

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

also numbers.