

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

Do not use this space.

20698

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY.

AUG 1 1927

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 2309 South 15th Street) St. _____ (Ward) _____
 Registered No. 717

2. FULL NAME Dora Ullman
 (a) Residence No. 2309 South 15th Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 59 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lu Ullman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8th 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 4
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Henry Goodale
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Susan I. Keck
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Lu Ullman
 (Address) 2309 South 15th Street

15. FILED 14 1927 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1927
 17. I HEREBY CERTIFY That I attended deceased from 10 1927 to July 12 1927
 that I last saw h. 67 alive on July 12 1927, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
46 48 (duration) yrs. mos. ds.
 CONTRIBUTORY None
 (SECONDARY) (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: By clinical
7/14 1927 (Signed) Susan H. [Signature], M.D.
Kirkpatrick [Signature]
 *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 Ashland Cemetery DATE OF BURIAL July 14 1927

20. UNDERTAKER H.E. Siederbader ADDRESS 1802 Union St.

