

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

Do not use this space.
21659

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5000
 Township Law Primary Registration District No. 1007 Registered No. 5000
 City Kansas City (No. Kansas City Genl Hosp) St. Ward

2. FULL NAME

(a) Residence No. 5920 1/2 Dorset St. 8 Ward. 8
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. 0 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 or (OR) WIFE of Charles Jobe
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14, 1886
 7. AGE Years 41 Months 4 Days 17 If LESS than 1 day, ___ hrs. ___ min.
 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) Illinois

10. NAME OF FATHER Thos. Horner

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

12. MAIDEN NAME OF MOTHER Mattie Hatchel

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

14. INFORMANT Reverend Clerk (Address) W.C. Genl Hosp.

15. FILED 8/1 27 1927 M.M. Browne REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-31 1927
 17. I HEREBY CERTIFY That I attended deceased from 7-15 to 7-31, 1927 that I last saw alive on 7-31, 1927, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of cervix uteri
48 (duration) yrs. mos. da.
46

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clin. & transport Autopsy

(Signed) P.B. Williams, M.D.
1927 (Address) Supt W.C. Genl 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

Forest Hill DATE OF BURIAL 8/1 1927

20. UNDERTAKER

O.V. Mast ADDRESS 1915 East 15

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.

