

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

Do not use this space.

33738

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Russ Primary Registration District No. ....  
City K.C. Mo. (No. 3836 Astor) St. Ward

File No. ....  
Registered No. 4508  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 3836 Astor 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. 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 Married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1901  
7. AGE YEARS MONTHS DAYS 36 6 25 If LESS than 1 day, .... hrs. or .... 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) Missouri

PARENTS

10. NAME OF FATHER Ans. Erickson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Unknown

14. INFORMANT Mr. R. L. Miller  
(Address) 3836 Astor av.

15. FILED 11-26, 1927 M. M. Crowe  
REGISTRAR ass't

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 25 1927  
17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to Nov 25, 1927, that I last saw her... alive on Nov 23, 1927, and that death occurred, on the date stated above, at 6:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma uteri  
48 46 (duration) yrs. 9 mos. da.  
CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 1927  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. A. Breyer, M. D.  
11-26, 1927 (Address) Medical Arts 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 M. M. Crowe DATE OF BURIAL Nov 28 1927

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo.

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

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.

1  
Mr. Kipp

Hunter & Bd

818 Medical  
art Bldg

Between 34