

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

37001

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Law Primary Registration District No. 1007 Registered No. \_\_\_\_\_  
 City Kansas City (No. St. Joseph's Hospital) -St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Amarello Texas  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 | 5 | 27 | \_\_\_\_\_

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) De Porte  
 (STATE OR COUNTRY) Texas

10. NAME OF FATHER J.H. Hughes

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

12. MAIDEN NAME OF MOTHER Lucy P. Thompson

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

14. INFORMANT H.E. Kirkead  
 (Address) Amarello Texas

15. FILED 12-27-27 M.M. Croome  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1927

17. I HEREBY CERTIFY; That I attended deceased from 11 Dec. 1927, to Dec 21 1927 that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestinal obstruction  
from post-operative adhesions  
5-6  
139C (duration) yrs. mos. 3 da.  
122B  
 CONTRIBUTORY Hysterectomy  
 (SECONDARY)  
Debrid. Tumor of uterus  
 (duration) yrs. mos. 2 da.  
Non-malignant

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-19-27

WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Reginald Hamilton, M.D.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Amarello, Texas DATE OF BURIAL 12-21 1927

20. UNDERTAKER S.W. Newcomer ADDRESS Sacramento, Cal. Mo.

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