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.

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

Do not use this space. 1125

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1602 — Registered No.
City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Snow Daisy
(a) Residence. No. 1516 Jackson St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin R Snow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 9 1881

7. AGE: Years 46 — Months 4 — Days 1 — 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): Illinois

PARENTS
10. NAME OF FATHER: Walter A. Willard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Emma R Bossinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Walter Willard
(Address): Rec'd Clerk Warrensburg Mo K.C. General Hosp.

15. FILED Jan 12 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-10 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-16, 1927, to 1-10, 1928, that I last saw her alive on 1-10, 1928, and that death occurred, on the date stated above, at 7:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Localized peritonitis following Cholecystectomy
Chronic Cholecystitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 1243
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Operation
(Signed) P. E. Williams, M.D
1-11, 1928 (Address) Superintendent 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: Warrensburg Mo — DATE OF BURIAL: Jan 13 1928

20. UNDERTAKER: Sweeney & Gore Co — ADDRESS: Warrensburg Mo