

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

Do not use this space.

1405

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Flaw Primary Registration District No. 1002 Registered No. 429
 City Kansas City (No. St. Joseph's Hosp. Ward)

2. FULL NAME Mrs. Catherine Micham

(a) Residence. No. 6209 Forest St. 15 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 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 Robert Micham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 | 3 | 11 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greeley
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Groves

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

12. MAIDEN NAME OF MOTHER Minnie Cook

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

14. INFORMANT Robert Micham
 (Address) 6209 Forest

15. FILED Jan 30 28 M. M. Lowme

 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22nd, 1927, to Jan. 30th, 1928, that I last saw h. alive on Jan. 29th, 1928, and that death occurred, on the date stated above, at 3:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of thyroid
& metastasis to R. L. Liver

CONTRIBUTORY Asthma
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 27-1927

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Henry Woodward M. D.
1/30, 1928 (Address) 7. 6. mo

*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 Calvary DATE OF BURIAL Feb 1 1928.

20. UNDERTAKER S. H. Newcomer & Sons ADDRESS K. C.

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.

Via 35894

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