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

Do not use this space.

30558

1. PLACE OF DEATH

County: Jackson — Registration District No. ____ — File No. ____

Township: Kaw — Primary Registration District No. ____ — Registered No. ____

City: Kansas City (No. Kansas City General Hosp. St. ____ Ward)

2. FULL NAME Walton Jennie

(a) Residence. No. 1408 Tracy St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64		28	

8. OCCUPATION OF DEACESED
(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) ____
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER John Dixon

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

12. MAIDEN NAME OF MOTHER Johanna McKibben

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

14. INFORMANT Record Clerk
(Address) Kansas City Gen'l Hosp

15. FILED 9/15, 28 M McCrae
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-26, 1928, to 9-14, 1928 that I last saw him alive on 9-14, 1928, and that death occurred, on the date stated above, at 7:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of vagina of uterus
46
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Secondary anemia
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF ____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find. & Autopsy

(Signed) O E Williams, M. D.

9-15, 1928 (Address) Supt K.C. Gen'l 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: Elmwood Cem. — DATE OF BURIAL: Sept 17 1928

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Brandon

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.