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.

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

Do not use this space.

37028

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4078

Township Kaw — Primary Registration District No. 1002 — Registered No. 4078

City Kansas City (No. Kansas City Genl Hosp St. ..... Ward)

2. FULL NAME Poinsett Byrd

(a) Residence. No. 2200 Holmes St., 3 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. 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: G A Poinsett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 15 - 1872

7. AGE: Years 56 — Months 6 — Days 3 — 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): Ohio

PARENTS

10. NAME OF FATHER: Mervin Rexstraw

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

12. MAIDEN NAME OF MOTHER: Mary Pickman

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

14. INFORMANT: Record Clerk (Address) Kansas City Genl Hosp

15. FILED 11/21, 1928 M M Enowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-18 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-12, 1928, to 11-18, 1928 that I last saw her alive on 11-18, 1928, and that death occurred, on the date stated above, at 12:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left tube

Dermoid cyst of right ovary

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Post operative shock

(duration) yrs. mos. ds.

4 6

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-13-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Oper. & Autopsy

(Signed) P E Williams, M. D

11-19, 1928 (Address) Supt K C Genl 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: Florence Ks — DATE OF BURIAL: 11/21 1928

20. UNDERTAKER: A Mast — ADDRESS: 1916 East 15