

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

Do not use this space.

1935

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas, Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. General Hospital # 2)

File No. 5611
Registered No. 5611
St. 2 Ward

2. FULL NAME

(a) Residence. No. 1214 Garfield St. 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Art. Meritt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
25 5 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fort Gibson, Okla.
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Mathis

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

12. MAIDEN NAME OF MOTHER L. Robinson

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

14. INFORMANT Patient herself
(Address) 1214 Garfield

15. FILED 2-4-29 M. M. Moore REGISTRAR
Asst

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30 1929

17. I HEREBY CERTIFY That I attended deceased from 1-24 1929, to 1-30 1929, that I last saw her alive on 1-30 1929, and that death occurred, on the date stated above, at 10:57 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Peritonitis
1929
129 (duration) yrs. mos. ds.
CONTRIBUTORY Localized abscess in left
(SECONDARY) Broad ligament (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Autopsy

(Signed) Sgt. H. M. Smith (M. D.)
1/31 1929 (Address) General Hospital No. 11

*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 Lapulpa Okla. DATE OF BURIAL 2-5-29

20. UNDERTAKER H. B. Moore ADDRESS 1820 E. 18th

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

County.....
Township.....
City.....*N. City*.....

Registration District No. 397
Primary Registration District No. 1002

File No.
Registered No. 360
St. Ward

[illegible]

MEDICAL CERTIFICATE OF DEATH

3. SEX F	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Div
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHP
(STO

10

11. B
(S)

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT.
(Address)

15.

FILE

REGISTRATION

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 20 1979

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date listed above, at.....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Peritonitis

(duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY) localized abscess in leg

Breast Ligament (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Non Invernal
☒ IF NOT AT PLACE OF DEATH.....

AN OPERATION PRECEDES DEATH..... DATE OF.....
THERE AN AUTO BYT.....
THAT TEST CONFIRMED DIAGNOSIS.....

(Signed) _____, M. D.
 , 19 (Address) _____

*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	DATE OF BURIAL

20. UNDERTAKER	ADDRESS
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S-1935