

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

Do not use this space.

Do: 62-10
 10548
 File No. _____
 Registered No. 11217
 St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Law Primary Registration District No. _____
 City Kansas City (No. Broadland Hotel)

2. FULL NAME

Adaline Sutphen
 (a) Residence No. Broadland Hotel St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 42 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Sutphen</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1864 May 10</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>		<u>9</u>	<u>22</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>at home</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Cincinnati Ohio</u> (STATE OR COUNTRY)				
10. NAME OF FATHER <u>Wm Jennifer</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>				
12. MAIDEN NAME OF MOTHER <u>Winterbecker</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
14. INFORMANT <u>Arthur J. Elliott</u> (Address) <u>15. 704 E. 42 St.</u>				
15. FILED <u>3/2</u> 19 <u>29</u> <u>M. M. Croome</u> REGISTRAR				

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1928, to March 2nd 1929 that I last saw her alive on March 2nd 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion due to Cancer
etc (duration) yrs. 8 mos. _____ ds.

CONTRIBUTORY Cancer of Descending Colon (SECONDARY) (duration) yrs. 8 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? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X-ray
3/ (Signed) Thomas Pittman, M. D.
Feb 2, 1929 (Address) K 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 Forest Hill DATE OF BURIAL March 4 1929

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

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 31
 10

1929
6/24
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