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

Do not use this space.

37347

File No. 4817

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 100
City Kansas City Mo (No. Research Hos St. Ward)

2. FULL NAME Willie Coldwell
(a) Residence. No. 1305 Valentine St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orin S. Coldwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2 - 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	8	20	

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): South Dexter

PARENTS
10. NAME OF FATHER: Geo Deever
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Herbert A. Rathburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: Mrs G. C. Whepple
(Address) 1305 Valentine

15. FILED 11/24, 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1929, to Nov - 22, 1929 that I last saw her alive on Nov 22, 1929, and that death occurred, on the date stated above, at 9 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
multiple abscesses of the liver -
(duration) about yrs. 2 mos. 15 ds.

CONTRIBUTORY (SECONDARY): Ch. nephritis
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 6 - 1929
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Longlay & microscopic
(Signed) Ernest F. Robinson, M. D.
11/23, 1929 (Address) 603 Dupont K.C. 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: Sioux Falls S. D. — DATE OF BURIAL: Nov 25 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.