

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

Do not use this space.

19387

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Trinity Lutheran Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2318 (Ward)

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Appleton City Mo.
(Usual place of abode) (If non-resident, 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 Her Benjamin W Duffey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 2 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeping
(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) Missouri

10. NAME OF FATHER Richard Belmont

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

12. MAIDEN NAME OF MOTHER Cliza Hazel

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

14. INFORMANT Gora Walker
(Address) Appleton City Mo

15. FILED 6/6 1938 M.M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1938

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to June 5, 1938, that I last saw her alive on June 5, 1938, and that death occurred, on the date stated above, at 8:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exophthalmic Goiter
118
105 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bilateral Abductor Paralysis - Lower (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 5/38
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John Ogilvie M. D.
June 5 1938 (Address) 1002 Argyle

*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
Appleton City Mo June 6 1938

20. UNDERTAKER ADDRESS
D.H. Newcomer's Sons Home

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.

Research Station
Gaines

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