

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

Do not use this space.

17947

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City K.C. Mo. (No. 3516 South Benton) St. 2080 Ward 2080

2. FULL NAME

(a) Residence. No. 3512 South Benton St. Ward. 10
 (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 <u>M.</u> | 4. COLOR OR RACE <u>Wh.</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilbur J. Kempy</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 24 - 1880</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>5</u> | <u>1</u> |
| | | <u>0</u> |
| | | <u>12</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). <u>none</u> (c) Name of employer | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans.</u> | | |
| PARENTS | 10. NAME OF FATHER <u>A. J. Wolford</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u> | |
| | 12. MAIDEN NAME OF MOTHER <u>Wick Mace</u> | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u> | |
| 14. INFORMANT. <u>W. J. Kempy</u> (Address) <u>3516 So. Benton, K.C. Mo.</u> | | |
| 15. FILED. <u>5/7, 1931</u> <u>M. M. Crowe</u> REGISTRAR | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-6-1931
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1931, to May 6, 1931, that I last saw her alive on May 6, 1931, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of pelvic bones & Lumbar Spine. 50
50 (duration) yrs. 8 mos. ds.
 CONTRIBUTORY Cancer of breast 3 or 4 yrs
 (SECONDARY) Joint Renow
ago. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. ①

C. DID AN OPERATION PRECEDE DEATH? no DATE OF -
 WAS THERE AN AUTOPSY? no symptoms.
 WHAT TEST CONFIRMED DIAGNOSIS? X-ray & clinical
 (Signed) M. B. Butler, M. D.
5-7, 1931 (Address) 3700 Benton Blvd.

*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
Mount Moriah DATE OF BURIAL 5-8 1931
 20. UNDERTAKER*
Mrs. E. L. Foster ADDRESS K.P. Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

37. 1390
Wa- 1390
We- 9500