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

Do not use this space.

31196

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 0002
City Kansas City (No. 323 Brush Creek Blvd. St. Ward)
File No. 3691
Registered No.

2. FULL NAME Mrs. Mattie Sloane,
(a) Residence. No. 323 Brush Creek Blvd St., 7 Ward.
(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: 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: Edwin Sloane

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

7. AGE: Years About 75 years; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dalton
(STATE OR COUNTRY): Texas

PARENTS
10. NAME OF FATHER: Isaac Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Frank Junkins
(Address) 323 Brush Creek Blvd. K.C.Mo.

15. FILED 9/3, 1931 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 3, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1931, to ___, 19___, that I last saw her alive on Sept 3rd, 1931, and that death occurred, on the date stated above, at 3:15 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
46 B
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): unknown
46 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Paul V. O'Rourke, M.D.
9/3, 1931 (Address) 336 Lathrop Bldg.

*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: Ash Grove, Mo.
DATE OF BURIAL: Sept 4 1931

20. UNDERTAKER: R. V. Lindsey & Sons, Inc.
ADDRESS: K.C.Mo.

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.