

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.

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

Do not use this space.

31349

**1. PLACE OF DEATH**

County Jackson Registration District No. 390  
 Township Jean Primary Registration District No. 1002  
 City Kansas City (No. K.C. General Hosp.) St. 3846 Ward

**2. FULL NAME**

Julia Dumara  
 (a) Residence, No. 620 W. 4th St. 9 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 - 1911</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>7</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stenton Mo.</u>		
FATHER	13. NAME <u>Robert Slabe</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Smider</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Debra Clark</u> (ADDRESS) <u>K.C. General Hosp.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Sept 17, 1931</u>		
19. UNDERTAKER <u>Beta B. Kaputena</u> (ADDRESS)		
20. FILED <u>9/17, 1931</u> <u>M. M. Cowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1931, to 9-15, 1931  
 I last saw her alive on 9-15, 1931. Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Embolism following Childbirth  
 Date of onset 12/15/1928  
 Other contributory causes of importance: 14/8

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. E. Williams, M. D.  
 (Address) Supt. K.C. Gen. Hosp., K.C. Mo.

