

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.

40796 ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 398

File No. _____

Township BluePrimary Registration District No. 3019Registered No. 402City IndependenceNo. Independence Sanatorium St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 37 K. Eastern Leads St. _____ 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mr. J. Baesham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 27 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
43 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 133 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norton Kansas13. NAME Simon Dopps14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Almira Vincent16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maywood mo.17. INFORMANT Dr. Joseph Baesham (ADDRESS) 37 K. Eastern Leads, Mo.18. BURIAL, CREMATION, OR REMOVAL auto = Pleasant Hill PLACE Mo DATE Dec 8 - 3119. UNDERTAKER Wm. L. Foster (ADDRESS) 418 Brooklyn ave20. FILED Dec 7 19 31 Registrar W. L. Foster

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 - 193122. I HEREBY CERTIFY, That I attended deceased from 11-4 - 1931, to Dec 5 - 1931I last saw him/her alive on Dec 4, 1931. Death is saidto have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Chittelloma of theCurry of the uterusabout 8 mo.ago.A (big memory of history)

Other contributory causes of importance:

Bilateral pyonephrosis2 mo.

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? no

If so, specify _____

(Signed) C. J. Wyman, M. D.(Address) 1314 Pratt Bldg

