

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

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.

8671

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

389

Registration District No. 1002  
Primary Registration District No. General Hospital

File No. 1256  
Registered No. 1256  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2426 Charlotte St. 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 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**

|   |  |                                  |   |           |
|---|--|----------------------------------|---|-----------|
| OCCUPATION  | 3. SEX<br><u>F</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |           |
|   | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John Stroud</u>                             |                                  |   |           |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan. 7-1882</u>                           |  |                                  |   |           |
| MOTHER  | 7. AGE   | YEARS                            | MONTHS  | DAYS      |
|   | <u>50</u>  |                                  | <u>2</u>  | <u>16</u> |
|   | If LESS than 1 day, ..... hrs. or ..... min.   |                                  |   |           |
| FATHER  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Maid 244</u> |                                  |   |           |
|   | 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)  |                                  | 11. Total time (years) spent in this occupation                             |           |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u>                     |  |                                  |   |           |
| 13. NAME<br><u>Ross, Isaac</u>  |  |                                  |   |           |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>                      |  |                                  |   |           |
| 15. MAIDEN NAME<br><u>Mary Blair</u>  |  |                                  |   |           |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>                      |  |                                  |   |           |
| 17. INFORMANT (ADDRESS)<br><u>Records Clerk R. E. Her. Hoop</u>                         |  |                                  |   |           |
| 18. BURIAL, CREMATION, OR REMOVAL, PLACE DATE<br><u>Forest Hill Cem. March 25, 1932</u> |  |                                  |   |           |
| 19. UNDERTAKER (ADDRESS)<br><u>R. V. LINDSEY &amp; SONS Inc. 3811 Broadway</u>          |  |                                  |   |           |
| 20. FILED <u>3/25</u> 19 <u>32</u> <u>M. M. Crane</u> Registrar.                        |  |                                  |   |           |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1932, to 3-27 1932  
I last saw her alive on 3-23 1932 Death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Uterus  
457  
Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) R. E. Williams M. D.  
(Address) R. E. Her. Hoop

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