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.

12833

1. PLACE OF DEATH

County Jackson — Registration District No. 39 — File No. 1775

Township Kaw — Primary Registration District No. 1 — Registered No.

City Kansas City (No. Kansas City Gen. Hosp. St. ..... Ward)

2. FULL NAME Catherine Caine

(a) Residence, No. 4434 Garfield St. 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1868

7. AGE: YEARS 63 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Memphis Mo 1

FATHER

13. NAME Alexander Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina 2

MOTHER

15. MAIDEN NAME Jane Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE April 30, 1932

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 E. 9 St. K.C. Mo.

20. FILED 4/29, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 28, 1932

I last saw her alive on April 28, 1932 Death is said to have occurred on the date stated above, at 12:50 a m.

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

Chronic Nephritis — Date of onset

(1) 131

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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