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.

16107

File No.

Registered No. 1898

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. 4328, CAMPBELL St. Ward)

2. FULL NAME MRS. PHEBE C. SLEETH

(a) Residence, No. 4328 CAMPBELL St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 MR. ADDISON SLEETH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-5-1860

7. AGE: YEARS 71 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) BOSCO BELL (STATE OR COUNTRY) WISCONSIN 2

FATHER

13. NAME STEPHEN PARTLOW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER

15. MAIDEN NAME LYDIA CRANDALL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT MR. JOHN J. SLEETH (ADDRESS) 4328 CAMPBELL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. HOPE HUMBOLT, KANSAS DATE MAY-11 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED May 10, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY- 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ May 4, 1932, to May 10, 1932

I last saw her alive on May 10, 1932. Death is said to have occurred on the date stated above, at 6:30 A.m.

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

	Date of onset
Cerebral Hemorrhage	May 4
127A	
127B	
82A	

Other contributory causes of importance:

Gall bladder disease.	1916
Abcess with Fistula from gall bladder	1931

Name of operation Cholecystectomy Date of 1917

What test confirmed diagnosis? Clinical 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? NO

If so, specify

(Signed) Forest F. Foster, M. D.

(Address) 638 Lathrop Bldg Kansas City Mo

638 Lothrop Bldg.
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