

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

Do not use this space.

16384

**1. PLACE OF DEATH**

County Jackson Registration District No. 390 File No. \_\_\_\_\_  
 Township Kary Tertiary Registration District No. 1002 Registered No. 2177  
 City Kansas City (No. General Hospital) St. Mo. Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1826 E. 16 St. 2  
 (Usual place of abode) Kansas City, Mo. (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 <u>Female</u>	4. COLOR OR RACE <u>Dark</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18-1909</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min. <u>2 44</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation <u>2 44</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Debas Fann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Kula Baskin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>General Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>May 31</u> 19 <u>32</u>		
19. UNDERTAKER <u>Redkins Bros</u> (ADDRESS) <u>2000 E 12th St</u>		
20. FILED <u>5/31</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5-32 1932 to 5-27 1932  
 I last saw him/her alive on 5-27 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Tubo-Ovarian Abscess (Date of onset) \_\_\_\_\_  
Gonococcus  
3513  
13915  
16713  
 Other contributory causes of importance: \_\_\_\_\_  
1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Miller, M. D.  
 (Address) General Hospital

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.

WRITE PLAINLY, WITH OUTLINES WHERE NECESSARY

