

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

Do not use this space.

16397

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1003
City K.C. (No. Lakeside Hospital) St. _____ Ward _____

File No. _____
Registered No. 2191
St. _____ Ward _____

2. FULL NAME Mrs. Katherine Hall Derby

(a) Residence, No. 5160 Brookwood Ave. St., 15 Ward. (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 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 Charles D. Derby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 2 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dayton (STATE OR COUNTRY) OHIO

13. NAME John W. Hall

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles D. Derby (ADDRESS) 5612 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JUNE - 2, 1932

19. UNDERTAKER N. W. Newcomer's Sons (ADDRESS) 211 East 9th St.

20. FILED 6/1st 1932 M. M. Gorman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 27, 1932. I last saw her alive on May 27, 1932. Death is said to have occurred on the date stated above, at 4:40 A.M.

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

466B
196
Septic Erythema
466B
Date of onset _____

Other contributory causes of importance:
Obstructive jaundice
Grand Stomach Communis
Carcinoma Head Pancreas
Fimbriae Gall Bladder
Name of operation cholecystectomy Date of May 21, 1932
What test confirmed diagnosis? Aspiration 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) George J. Ouley, M. D.
(Address) 250 9th St. K.C. Mo

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.

