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.

19482

1. PLACE OF DEATH
County JACKSON Registration District No. 399 File No.
Township KAW Primary Registration District No. 1002 Registered No.
City KANSAS CITY (No. 6211, McGee St. 2486 Ward)

2. FULL NAME MRS. NETTIE L MORROW
(a) Residence, No. 6211 McGEE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 DANIEL MORROW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-26-1867
7. AGE YEARS 64 MONTHS 8 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) TOLEDO (STATE OR COUNTRY) OHIO

FATHER
13. NAME WILLIAM SEXTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

MOTHER
15. MAIDEN NAME ELIZABETH PHELPS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

17. INFORMANT MISS MYRTLE M. MORROW (ADDRESS) 6211 McGEE ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MUNCIE LEAVENWORTH KANS. DATE JUNE-8, 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED 6/7, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-6, 1932
22. I HEREBY CERTIFY, That I attended deceased from Only at time of death, 19
I last saw her alive on June 6, 1932 Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Uterus
48
52E
71B
4B
1

Date of onset

Other contributory causes of importance:
Hemorrhage and Anemia
Metastases throughout abdomen.

Name of operation none 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? No
If so, specify
(Signed) Carl R. Ferris, M. D.
(Address) 934 Argyle Bldg

934 Argyle Bldg.
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