

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.
22716

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Osage Primary Registration District No. _____
City Kansas City (No. 7-C. Genl Hosp) St. _____ Ward _____

File No. 2012
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2638 Campbell 4 Ward.
(Usual place of abode)

(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>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Floyd Peyton</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 29-1898</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>33</u> | <u>10</u> |
| | | <u>8</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerical work</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>253</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1932

22. I HEREBY CERTIFY That I attended deceased from 6-18 1932 to 7-1 1932
I last saw him alive on 7-1 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of cervix
Date of onset Jan 32

Other contributory causes of importance: (D)

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) R. E. Williams M. D.
(Address) Supt. T.C. Genl. Hosp. T.C. Mo.

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u> |
| | 13. NAME <u>Phillip Galle</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u> |
| | 15. MAIDEN NAME <u>Mary Linebach</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u> |
| | 17. INFORMANT <u>De wald Clark</u> (ADDRESS) <u>T.C. Genl. Hosp. T.C. Mo.</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Merion C.</u> DATE <u>July 2 1932</u> |
| | 19. UNDERTAKER <u>Mrs. C. S. Foster</u> (ADDRESS) <u>City</u> |
| | 20. FILED <u>7/2</u> 19 <u>32</u> <u>J. M. Crowe</u> Asst. Registrar. |

