

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.

26326

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 11007
 City Kleona (No. Research Hospital) Registered No. 3234
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2932 Brookview St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72

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) (STATE OR COUNTRY) Scotland?

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME _____

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

17. INFORMANT Miss Grace Paulson
 (ADDRESS) Kleona

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE Aug 24 1932

19. UNDERTAKER (ADDRESS) A. W. Mansur
Richmond Mo

20. FILED 8/23 1932 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th 1932, to Aug 22nd 1932

I last saw her alive on Aug 21st 1932. Death is said to have occurred on the date stated above, at 3⁰⁰A. m.

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

Subperiosteal abscess of the jaw & dissection of the cranial cavity
Bronchial pneumonia
Pulmonary edema
 Other contributory causes of importance: 1072
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1171
1172
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1194
1195
1196
1197
1198
1199
1200

Name of operation Dump of jaw Date of 8-27-32
 What test confirmed diagnosis? _____ as there an autopsy? Yes

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) Hollis J. Thomas, M. D.
 (Address) 315 Chambers St

