

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

Do not use this space.

29475

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 15) General Ward St. 3640 Ward

**2. FULL NAME**

(a) Residence, No. 1417 Forest St. 2 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Widow

5A. 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.  
60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Reverend Clerk  
 (ADDRESS) 1500 Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads DATE 9-27-32

19. UNDERTAKER James E. John  
 (ADDRESS) 17/27 32 M. M. Crowe

20. FILED 17/27 32 M. M. Crowe  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1 to 9-22, 1932

I last saw her alive on 9-22, 1932. Death is said to have occurred on the date stated above, at 10:50 P

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

Papilloma of Blad-  
 der with local me-  
 tastases  
 (Malignant)

Other contributory causes of importance: 53B

Name of operation none Date of 11  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1932

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) H. Williams M. D.  
 (Address) Sup. K. Gen. Hospital

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.

