

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

Do not use this space.

32211

1. PLACE OF DEATH

County Jackson  
Township Jean  
City Kansas City

Registration District No. 389  
Primary Registration District No. 1002

File No. 3707  
Registered No. 3707  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bella Rogers  
(a) Residence, No. 307 S. Jackson St., Ward \_\_\_\_\_

Length of residence in city or town where death occurred 16 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 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 Clara Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 0 26

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. 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) Mo.

13. NAME F. N. Burton

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

15. MAIDEN NAME Priscilla Gordon

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

17. INFORMANT The word Clerk (ADDRESS) 72 C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Block 107 Ave DATE 10-5, 1932

19. UNDERTAKER Rd. Fulton General Store (ADDRESS) 1319 No. 18<sup>th</sup> Kansas City, Kansas

20. FILED Oct 5, 1932 M. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1932 to 10-4, 1932

I last saw him alive on 10-4, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute dilatation of stomach  
1980 118 1-  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Post operative shock

Name of operation 10-4-32 Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) P. E. Williams, M. D.

(Address) Supt 72 C. Genl Hosp KCMO

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.

