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.
35933
4443
File No.
Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No.
Township KAW Primary Registration District No.
City KANSAS CITY (No. MENORAH HOSPITAL St. Ward)

2. FULL NAME MRS. JENNIE V HOWARD
(a) Residence, No. 3907 - PASEO St., 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. 21 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN HOWARD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-15-1868
7. AGE: Years 64 Months 5 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. 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) MISSOURI

FATHER
13. NAME BELT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. JOHN HOWARD
(ADDRESS) 3907 - PASEO BLVD
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE NOVEMBER-28 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI
20. FILED 11-26 1932 M. M. Lepore Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-25 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932, to Nov. 25 1932
I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, Cholangitis	
Purulent Hepatitis, Jaundice	
Stones	
PC	
PCA	2 6
PCB	
Other contributory causes of importance:	

Name of operation Removal of S. Stones Date of Nov. 1932
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) T. Vo C. Trusty, M. D.
(Address) 1810 Prospect Blvd.

1610 Professional Bldg.

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