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.

39856

File No.

Registered No. 4864

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. 3529 Wyandotte St. Ward)

2. FULL NAME Arminda Gertrude Doron

(a) Residence, No. 3529 Wyandotte 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Swayne Doron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	1	18	

OCCUPATION

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

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) Kossuth ?
(STATE OR COUNTRY) Ohio

FATHER

13. NAME William Swayne Doron

14. BIRTHPLACE (CITY OR TOWN) No information
(STATE OR COUNTRY) No information

MOTHER

15. MAIDEN NAME Martha Jane Tippie

16. BIRTHPLACE (CITY OR TOWN) No information
(STATE OR COUNTRY) No information

17. INFORMANT Mrs. Mary Webber
(ADDRESS) 3529 Wyandotte St.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Vow Wert, O. DATE 12-20 1932

19. UNDERTAKER Stine & McClure
(ADDRESS) 3232 Wallbaum Place

20. FILED 12/20/1932 Mim M. Cordine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1932, to Dec 19th 1932

I last saw h. 2 r alive on Dec 17th 1932. Death is said to have occurred on the date stated above, at 8 A. m.

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

	Date of onset
Bronchial Pneumonia (non contagious)	12-12-32
92A	
107A	
Other contributory causes of importance: Chronic Endo-carditi	?

Name of operation — Date of

What test confirmed diagnosis? Clinical only 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) H. H. Lane, M. D.

(Address) 824 Rialto Bldg.

[illegible] 315 [illegible]

16-12- [illegible] 2 [illegible]