

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

Do not use this space.

39966

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. 2627, July 20) St. _____ Ward _____

File No. _____
Registered No. 4974
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2627 July 20 St. _____ Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel E. Clines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 17

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) Warrensburg, Mo

13. NAME Fredrick J. Jop

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

15. MAIDEN NAME Sarah C. Toulon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo

17. INFORMANT (ADDRESS) Mr. Clines, 2627 July 20

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec 27, 1932

19. UNDERTAKER (ADDRESS) Attetian, Kansas

20. FILED Dec 26, 1932 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932, to Dec 23, 1932

I last saw him alive on Dec 21, 1932. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Cancer of Rectum Date of onset _____

460 460

Other contributory causes of importance: (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 W. L. Ray, M. D.

(Signed) _____ (Address) 321 Attetian next

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.

