16-10

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

Do not use this space.
9706
1310

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. General Hospital St. ..... Ward)

2. FULL NAME Maude Tenick Putnam
(a) Residence, No. 2816 Cherry 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 Tenick 58
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 Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1874

7. AGE YEARS 58 MONTHS 8 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1212
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1331

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Cornelius Van Dover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Maude Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) W. F. Putnam 2023 Brighton.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 3/20 1933

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St.

20. FILED 3-18 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from Dauly Crown, 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri appendicial abscess	
Acute Cystitis	
Acute pyelonephritis	

Other contributory causes of importance:

121

Name of operation ..... Date of .....
What test confirmed diagnosis? No autopsy 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) [signature], M. D.
(Address) [signature]

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.

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2
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...WITH UNFADING INK—THIS IS A PERMANENT RECORD