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.

16722

File No. 1

Registered No. 2219

1. PLACE OF DEATH

County Jackson — Registration District No. 295

Township Kaw — Primary Registration District No.

City Kansas City (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Blanche V. Withrow

(a) Residence, No. 7124 Washington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oct Single 19, 1875

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~May 22, 1933~~

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	7	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John H. Kitchen Co.

10. Date deceased last worked at this occupation (month and year) 46

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Streator Ill

FATHER

13. NAME C. D. Withrow

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

MOTHER

15. MAIDEN NAME Elizabeth Kerr

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

17. INFORMANT (ADDRESS) Mrs. R. P. Woodbury 7124 Washington

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Hill Cemetery DATE 5-24- 1933

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED May 24 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1933, to May 22, 1933

I last saw her alive on May 21, 1933. Death is said to have occurred on the date stated above, at 9 m.

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

Carcinomatosis of abdominal viscera.— Six weeks ago Removed Papillomatous Cyst from Right Side.—which proved to be carcinoma of ovary.— This involved later the omentum aided from general weakness

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Apr 1/33

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. J. [illegible], M. D.

(Address) 1202 Waldheim Bldg.