

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

Do not use this space.

19788

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 12 C General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2503 (Ward)

2. FULL NAME

(a) Residence, No. 30307 Helmes, Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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 (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>27</u>	<u>9</u>	<u>2</u>	

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

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) Arkansas

13. NAME Ben Cross

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

15. MAIDEN NAME Rachel Pearson

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

17. INFORMANT Peora Clark
(ADDRESS) 12 C General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Hill DATE 6-15-33

19. UNDERTAKER Quirk + Tolbin
(ADDRESS) _____

20. FILED 6-15 1933 mem Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1933, to 6-12 1933

I last saw her alive on 6-12 1933 Death is said to have occurred on the date stated above, at 12:45 AM.

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

Chronic Lymphoid Leukemia Date of onset _____

Other contributory causes of importance: 72A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1933

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) J. J. Bennett M. D.
(Address) 502 12 C Gen. Hosp
6-12-33

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.

24A

