

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

Do not use this space.

23088

1. PLACE OF DEATH

County Jackson Registration District No. 387
 Township 1st Primary Registration District No. 1002
 City Kansas City (No. 1530, Spurce) St. _____ Ward _____

File No. _____
 Registered No. 2786

2. FULL NAME

Mary R. Crume
 (a) Residence, No. 1530 Spurce 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 Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. R. Crume

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55

OCCUPATION 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) Ohio

FATHER 13. NAME Henry Swartz

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

MOTHER 15. MAIDEN NAME Mary Galper

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

17. INFORMANT (ADDRESS) J. R. Crume
1530 Spurce

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 7-8-33

19. UNDERTAKER (ADDRESS) Mr. C. R. Foster
718 Brooklyn R.C. Ave

20. FILED July 6 1933 M. D. Crume Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 10, 1933, to July 6, 1933. I last saw her alive on June 27, 1933. Death is said to have occurred on the (date stated above), at 7 a. m.

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

Carcinoma of Left Ovary
Peritonitis, secondary to perforation of sigmoid colon.
 Other contributory causes of importance: Leucorrhea + Stranguria.

Name of operation Leucorrhea + Stranguria Date of _____
 What test confirmed diagnosis? 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) M. H. Shustone, M. D.
 (Address) 100 Grand Ave.

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.

WHITE COPY, WITH UPDATING MARKS—THIS IS A PERMANENT RECORD

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