

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

Do not use this space.

**23388**

**1. PLACE OF DEATH**

County Jackson Registration District No. 393  
 Township Raw Primary Registration District No. 1000  
 City Kansas City (No. 1000) St. Ward

File No. 3093  
 Registered No. 3093  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 405 N. Jeppang Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 5, 1920</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>Mo.</u>		
MOTHER	13. NAME <u>James Tucker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Alice Godsey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Reina Clark</u> (ADDRESS) <u>KC Gen Hosp KC Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__		
19. UNDERTAKER <u>Dunk &amp; Tobin</u> (ADDRESS) <u>KC Mo</u>		
20. FILED <u>July 30, 1933</u> <u>M. W. Cozart</u> <u>Registrar</u>		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1933, to 7-28 1933  
 I last saw her alive on 7-28 1933 Death is said to have occurred on the date stated above, at 8:55 PM  
 The principal cause of death and related causes of importance were as follows:  
Appendicitis acute with generalized peritonitis  
12/1  
12/1  
 Other contributory causes of importance: 12/1

Name of operation Appendec Date of 9-25-33  
 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 \_\_\_\_\_ 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) J. H. Gentry, M. D.  
 (Address) St. R. C. Gen Hosp

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.

