

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

Do not use this space.

29815

File No. 3741
Registered No. 3741
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1062
City Kansas City (No. 5311 Prospect Ave)
2. FULL NAME Corah Palmer
(a) Residence, No. 5311 Prospect 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-1872
7. AGE YEARS 61 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. House wife
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) Missouri
13. NAME Anderson Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont New
15. MAIDEN NAME Harrith Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont New
17. INFORMANT Carrie Perkins
(ADDRESS) 5311 Prospect Ave.
18. BURIAL, CREMATION, OR REMOVAL Louisiana, Mo. DATE 9/21/33
19. UNDERTAKER (ADDRESS) West, Appleton + Jones
1600 E. 14th St.
20. FILED 9-21-1933 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1933
22. I HEREBY CERTIFY, That I attended deceased from 9-6-1933 to 9-19-1933
I last saw him alive on 9-19-1933 Death is said to have occurred on the date stated above, at 7:45 pm.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus Date of onset 4/8
Fibrinoid 5/18
Other contributory causes of importance
Name of operation none Date of _____
What test confirmed diagnosis? no Was there an autopsy? _____
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? no
If so, specify _____
(Signed) J. H. Baugh, M. D.
(Address) 2201 S. 18th

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.

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