

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

Do not use this space.

33181

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Keaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City No. 42C General Hosp St. 4115 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 525 Park 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 <u>♀</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-15-33</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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) Kansas City  
 (STATE OR COUNTRY) Mo.

13. NAME Carl Collins

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

15. MAIDEN NAME Nellie Keller

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

17. INFORMANT Rena Clark  
 (ADDRESS) 42C Gen Hosp 42C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crest Hill DATE 10-19-33

19. UNDERTAKER Quirk & Tolan  
 (ADDRESS)

20. FILED 10-19-33 mmlhove Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1933 to 10-17, 1933  
 I last saw her alive on 10-17, 1933 Death is said to have occurred on the date stated above, at 12:10 PM.  
 The principal cause of death and related causes of importance were as follows:

Deratoma of Buttock (malignant)  
5  
5  
 Other contributory causes of importance:  
Surgical shock

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 \_\_\_\_\_, 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. J. Gammitt M. D.  
 (Address) 42C Gen Hosp 42C Mo  
10-19-33

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.

NC: 10 1933

