

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

Do not use this space.

323489

1. PLACE OF DEATH

County Jefferson
Township J. B. Co. C
City St. Louis (No.)

Registration District No. 423
Primary Registration District No. 5578

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Kennett Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 - 1860
7. AGE YEARS 72 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Housework
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) Kennett Mo.

13. NAME Israel D. Waters

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

15. MAIDEN NAME Sarah Johnston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

17. INFORMANT (ADDRESS) J. A. Whitehead
Kennett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett Cemetery DATE Oct 10 1933

19. UNDERTAKER (ADDRESS) J. Paul G. Koch
Kennett Mo.

20. FILED 10/2-1933 H. W. Eld Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1933, to Oct 8, 1933

I last saw her alive on Oct 8, 1933. Death is said

to have occurred on the date stated above, at 5:30 m.

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

General Carcinomatous Primary - Right Kidney

Other contributory causes of importance: 50

Name of operation None Date of

What test confirmed diagnosis? Plasma Ray Was there an autopsy? No

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. Koch M. D.

(Address) Kennett Mo.

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.

NOV 10 1933

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