

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Kate)

Registration District No. 399
Primary Registration District No. 1002

File No. 38565
Registered No. 4485
Ward

2. FULL NAME Mrs. Katherine Toyne

(a) Residence, No. 3016 Walnut St. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Toyne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Harrisonville
(STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Henry F. Berkstresser

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

15. MAIDEN NAME Margaret Stone

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

17. INFORMANT Mr. George Toyne
(ADDRESS) 3016 Walnut St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ms. Marsh DATE 11/15/33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED Nov 15 1933 M. M. Brown
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 '33

22. I HEREBY CERTIFY, That I attended deceased from 11/11, 1933, to 11/15, 1933

I last saw her alive on 11/15, 1933. Death is said

to have occurred on the date stated above, at 1:15 a.m.

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

533 acute Wrenia Date of onset 11/1/33
132B
48

Other contributory causes of importance:
Carcinoma of uterus & bladder 11/1/31
Primary uterus

Name of operation Genial Date of _____

What test confirmed diagnosis? Symptoms 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? no
If so, specify _____

(Signed) H. Pruit, M. D.
(Address) 1215 Reato Belg.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1
2
2

Dr. G. W. ...
...
... to 4:45

SEP 12 1952