

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

Do not use this space.

39939

JAN 26 1934
48

PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 418
St. Ward)

2. FULL NAME

(a) Residence, No. Cheltenham 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. S. Ayres</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 - 1858</u>		
7. AGE <u>75</u> YEARS	MONTHS	DAYS
		<u>9</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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>Kansas</u>		
13. NAME <u>Issaiah Keener</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pen</u>		
15. MAIDEN NAME <u>Hanna Decker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Ollie Morris</u> (ADDRESS) <u>Wichita</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita</u> DATE <u>Dec 27 1933</u>		
19. UNDERTAKER <u>J. H. Smith</u> (ADDRESS) <u>Wichita 2130</u>		
20. FILED <u>Dec 27 1933</u> <u>Dr. F. L. Cook</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933, to Dec 27 1933
I last saw her alive on Dec 27 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the Liver Date of onset April 1933
76F
1270
46
Other contributory cause of importance
Atrophic Cirrhosis of the Liver
At least 10 years

Name of operation none Date of
What test confirmed diagnosis? Clinical tests 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? Yes
If so, specify meridian occupation
(Signed) C. S. Gadd, M. D.
(Address) 24th & Hardesty
Kansas City 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.

