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.

VV 1105

MAR 24 1934

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

Do not use this space.

399

File No. 5074

Registered No. 800

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1003

Township: Kan — Primary Registration District No.:

City: Kansas City (No. 4500 Brighton St., Ward)

2. FULL NAME: Nora Deeds

(a) Residence, No. 4500 Brighton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe

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: William Deeds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep 22 - 1879

7. AGE: YEARS 54 ~~55~~ MONTHS 4 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

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): Seymour Mo

FATHER

13. NAME: Henry Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seymour Mo

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): William Deeds 4500 Brighton

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Hope DATE: 2-19 1934

19. UNDERTAKER (ADDRESS): Gibson Son Kansas City, Kan

20. FILED: 2/18 1934 M. W. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933 to 2-17 1934

I last saw her alive on 1-25-1934. Death is said to have occurred on the date stated above, at 5 a m.

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

	Date of onset
Bilateral Pneumonia	
Cancer of the Breast	

Other contributory causes of importance:

50

Name of operation: Date of:

What test confirmed diagnosis? 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?

If so, specify:

(Signed) Carl E. Platt, M. D.

(Address) 925 Argyle Bldg. K.C. Mo