MAR 24 1934

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

Do not use this space.

5099

1. PLACE OF DEATH
County Jackson — Registration District No. 5099 — File No. 825
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Wheatley Prov. Hosp. St. Ward)

2. FULL NAME Rosa Woods
(a) Residence, No. 1516 "A" Garfield 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: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1875

7. AGE: YEARS 58 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Addison Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Ellen Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Emma G. Stewart 2324 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 2/19 1934

19. UNDERTAKER (ADDRESS) Watkins Bros Undtkrs 1729 Lydia

20. FILED 2/19 1934 M. M. Crowe Asst Registrar.

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/16/, 1934, to 2/15/, 1934
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Perforation of Stomach
Date of onset
Other contributory causes of importance:
Primary Head of Pancreas

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Eugene R. Perry, M. D.
(Address) 1716 E 12th K.C. Mo

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.

Perry.