

MAR 24 1934

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

Do not use this space.

5158

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No.)

Registration District No. 300Primary Registration District No. File No. Registered No. 884St. Missouri Hospital Ward

2. FULL NAME

(a) Residence, No. Dorothy DeMoss
(Usual place of abode) Belleve Maternity Home, Ward.

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-20-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo13. NAME Chapman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME Dorothy DeMoss16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo17. INFORMANT Fellowes Conventicut Home
(ADDRESS) 2700 Tracy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE 2/23/34

19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St.20. FILED 2-23-34 M. M. Crowe
assk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-3422. I HEREBY CERTIFY, That I attended deceased from 2-15-34, 1934, to 2-20-34, 1934

I last saw him alive on 2-20-34, 1934. Death is said to have occurred on the date stated above, at 3:45 Am.

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

Birth Central
Hemorrhage

Date of onset 1-21-34

Other contributory causes of importance:

1000 Cephalocephaloma 1000

Name of operation Spinal Date of 2/18/34What test confirmed diagnosis? Spinal Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Birth injury Date of injury 2-20-34 1934

Where did injury occur? Arrow Point, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no factoryNature of injury no injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) H. L. Sawyer M. D.(Address) 400 W 3rd

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.

W. Hugh L. Dwyer
914 Medical Ant Bed