

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

Do not use this space.

20464

1. PLACE OF DEATH

County JACKSON

Registration District No. 399

Township RAW

Primary Registration District No. 3005

City KANSAS CITY

No. 611-KENSINGTON

File No. _____

Registered No. 2036

St. _____ Ward _____

2. FULL NAME MRS. DORA B TOSSPON

(a) Residence, No. 611-KENSINGTON St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

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>HARVEY E. TOSSPON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE-27-1888</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>HOUSE WIFE</u>	
	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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>MARTINS, WEST VIRGINIA</u>	
	13. NAME <u>GEORGE SIMPINS</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>UNKNOWN</u>	
	15. MAIDEN NAME <u>UNKNOWN</u>	
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>UNKNOWN</u>		
17. INFORMANT <u>MR HARVEY E TOSSPON</u> (ADDRESS) <u>611-KENSINGTON AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BROOKINGS</u> DATE <u>JUNE-14-34</u>		
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>		
20. FILED <u>6-13-34</u> 19 <u>34</u> m. <u>Grove</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-12-1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to June 12, 1934
I last saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:
Shock.
Date of onset 1934 June 12

Other contributory causes of importance:
Embolus of Femoral artery
Right leg. Hernioma with
Proctitis, Bowel Fecal fistula

Name of operation Hernioma Date of 4-28-34
What test confirmed diagnosis? FC 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 Dr. Frank O'Connell
(Signed) 4316 E 9th, M. D.
(Address) Kansas City 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.

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

JUL 17 1934

A. G. E. - 9th St. 0

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