

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.

AUG 21 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 2717 Myrtle  
Township Kear Primary Registration District No. 2717 Myrtle  
City Kansas City, Mo. (No. 2717 Myrtle) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24634  
Registered No. 2717 Myrtle  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2717 Myrtle 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1857

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
76 11 7

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

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) Peoria Ills13. NAME Miller R Wells14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Cashy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT W. H. Conklein(ADDRESS) 2717 Myrtle18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE 7/21 193419. UNDERTAKER O. V. MAST FUNERAL HOME, INC.(ADDRESS) 2146 Main St20. FILED July 20 1934 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 193422. I HEREBY CERTIFY, That I attended deceased from June 1933 to July 19 1934I last saw her alive on July 19 1934 Death is said

to have occurred on the date stated above, at \_\_\_\_\_

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

Primary carcinoma of urinary bladder with regional metastases.  
558

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no

If so, specify \_\_\_\_\_

(Signed) William M. Korts, M. D.(Address) 928 Argyle Bldg

of Wm Karich

Arizona Body Ha 3817