

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

Do not use this space.

24673

1. PLACE OF DEATH

County Jackson

Registration District No. 211

Township Kennett

Primary Registration District No. 1052

City Kennett City (No. 714 892)

File No. 211

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 714 892 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 PARTICULAR

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 yr 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Syria

13. NAME Chas Abode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

15. MAIDEN NAME Hannah Dahir

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT A. Geha (ADDRESS) 714 892

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 7/21

19. UNDERTAKER (ADDRESS) St. Joseph's

20. FILED 7-21, 19 34 Am m Crow Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 18, 1934

I last saw her alive on July 18, 1934 Death is said to have occurred on the date stated above, at 7:10 p.m.

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

Carcinoma of the pylorus

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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 _____

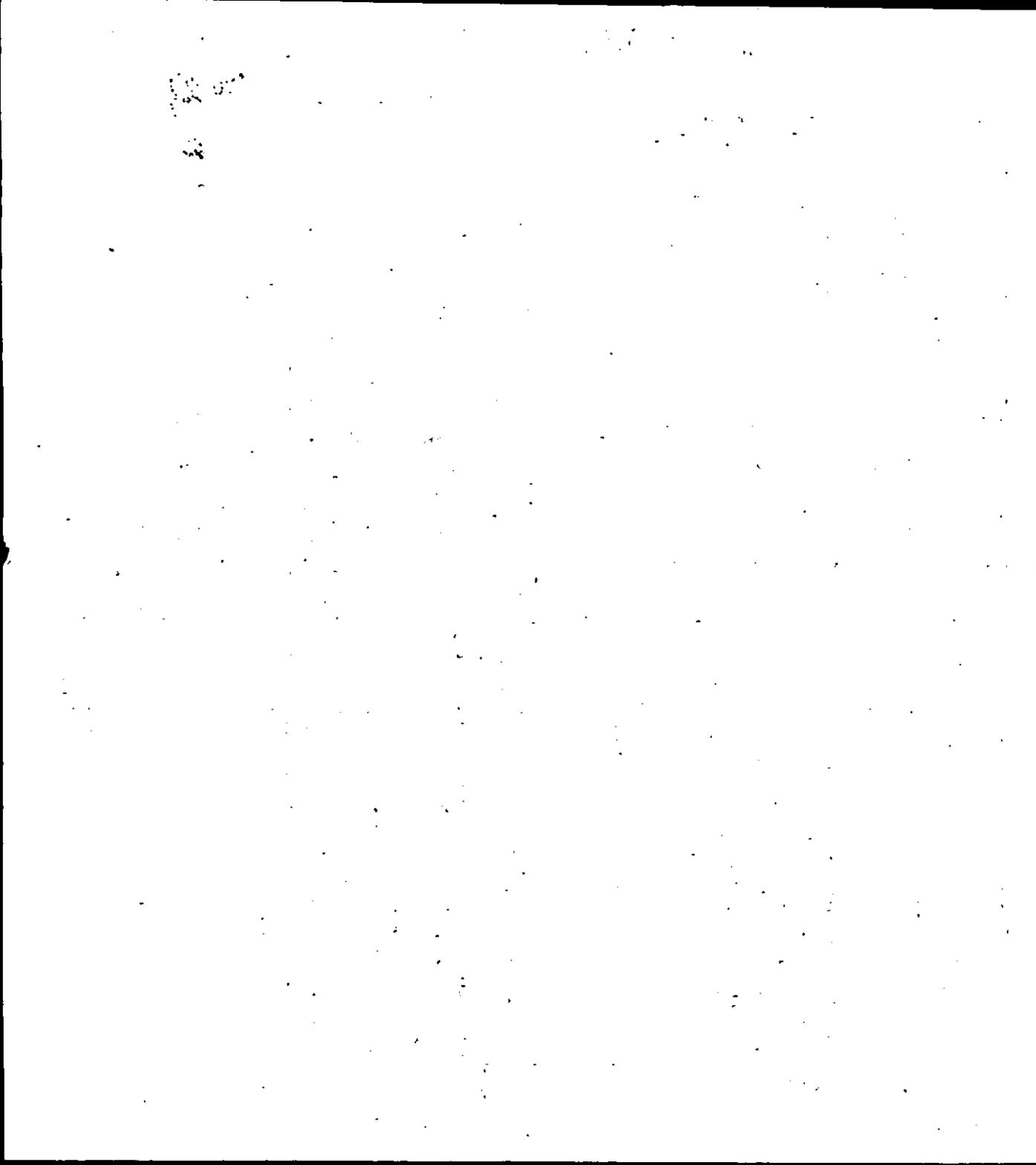
(Signed) Annice Beethos, M. D.

(Address) 412 Suggs Alley 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.

AUG 21 1934

OCCUPATION
FATHER
MOTHER



#2 *Kansas City*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

3271

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nahid Gaha
Who died at _____ (on July 18 1934)
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, ~~married~~, widowed or divorced: _____

Date of birth _____ Age: Years 75 Months 5 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar M. M. Corowe) Date filed 7/21/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 399 Very truly yours,

Primary Reg. Dist. No. 1002
E. T. McGaugh, M.D.
Special Agent.

5-24673