

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

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.

OCT 17 1934

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

Do not use this space.

32793

1. PLACE OF DEATH

County Jackson Registration Dist. No. 399 File No. 4155
Township 1st Primary Registration District No. 100 Registered No. 4155
City Kansas City (No. 2317) Terrace St. _____ Ward _____

2. FULL NAME

Plathy May Rutherford
(a) Residence, No. 2317 Terrace 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 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 William Rutherford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 10 24

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

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) Kansas City
Kansas

13. NAME James Cascanta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Spain

15. MAIDEN NAME Hattie Williams

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

17. INFORMANT Elgie Williams
(ADDRESS) 2337 Fairmount

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Hope Cemetery DATE Sep. 10 1934

19. UNDERTAKER Daniels Bros
(ADDRESS) 644 Kansas Ave. Kansas

20. FILED 9-8- 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. Plathy attended deceased from _____ 1934 to _____ 1934

I last saw him alive on _____ 1934 Death is said to have occurred on the date stated above, _____ m.

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

Myocardial infarction (spontaneous) Date of onset _____

Greenish yellow tumor

Other contributory causes of importance: _____

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Name of operation: _____ Date of _____

What test confirmed diagnosis? Autopsy Was there _____ autopsy?

23. If death was due to external causes (VEHICLE ACCIDENT, etc.), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, open 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) _____ M. D.
(Address) _____

