

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.

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Jackson
Township Kant
City Kansas City (No. General Hospital)

Registration District No. 1003
Primary Registration District No. General Hospital

File No. 36083
Registered No. 3585
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1905 E. 36 St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-1891</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horsekeeper</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
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massena</u>	
	13. NAME <u>Lawrence Dutett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	15. MAIDEN NAME <u>Mary Whitman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
	17. INFORMANT <u>Rebecca Burk</u> (ADDRESS) <u>K. S. General Hospital</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>10/15</u> 19 <u>34</u>	
	19. UNDERTAKER (ADDRESS) <u>Dutett</u>	
	20. FILED <u>10-15</u> 19 <u>34</u> <u>M. M. Crowe</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-6-1934 to 10-13-1934
I last saw her alive on 10-13-1934 Death is said to have occurred on the date stated above, at 11:10 P. m.
The principal cause of death and related causes of importance were as follows:
Fibrinous Pleuritis with effusion acute dysentery (Non-tuberculous)
Other contributory causes of importance:
Generalized Toxemia
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. J. Bennett M. D.
(Address) St. Joseph Gen Hosp.

Not puerperal. Not gonorrhoeal.

3. Tubercular pleurisy as determined by
microscopic sections.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas

(No. General Hosp)

File No.

Registered No. 4585

St.

Ward)

2. FULL NAME Violette Dettatt

(a) Residence, No.

St.

Ward.

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 W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS 43

MONTHS 2

DAYS 3

If LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

19 15

19 34

J. M. Kerowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 19 34

22. I HEREBY CERTIFY, That I attended deceased from

....., to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Left-sided Pleuritis with effusion and emphysema of non tuberculous

Date of onset

Other contributory causes of importance:

Generalized Infection

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

(Signed)

, M. D.

(Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.