

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.

0647
DEC 18 1934

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

Do not use this space.

39497

5008

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 7th Primary Registration District No. 1002
City Kansas City. (No. 2814 Indiana St. _____ Ward _____)

2. FULL NAME Iva Althea Story

(a) Residence, No. 2814 Indiana 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 La S Story

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 2 2

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) Mo

13. NAME Ernrno Houston

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

15. MAIDEN NAME Anna Affor

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

17. INFORMANT Husband (ADDRESS) K. C. MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson Deb. DATE 11-26-34

19. UNDERTAKER Melody McGilley (ADDRESS) K. C. MO.

20. FILED 11-17 1934 anm Crowl act Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1934, to Nov 16th 1934

I last saw him alive on Nov 16 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Genital Carcinoma, Date of onset _____
Panels and Brain
(Primary - Panels)

Other contributory causes of importance:

Low vitality

Name of operation _____ Date of _____

What test confirmed diagnosis? Labs. 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) Wm. A. Ogden M. D.

(Address) Commonwealth Hotel
K.C.

