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.

DEC 1 8 1934

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

399

Do not use this space.

39527

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1002 — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.: 5039

City: K.C. Mo. — Co. St. Luke's Hospital — St. — Ward)

2. FULL NAME: Vina Cutting

(a) Residence, No. (Usual place of abode): Paola — St. — 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: Joel Cutting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
25	1	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1454

10. Date deceased last worked at this occupation (month and year): 2 3 5

11. Total time (years) spent in this occupation: 1 3 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paola, Ks 2

FATHER

13. NAME: Frank Tomlinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paola Ks. 2

MOTHER

15. MAIDEN NAME: Ella Kelso

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paola Ks. 2

17. INFORMANT (ADDRESS): Frank Tomlinson Paola, Ks

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Paola Kans. DATE: 11/22 1934

19. UNDERTAKER (ADDRESS): L. F. Metzler Paola Kansas

20. FILED 11-20 1934 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:20 a m.

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

	Date of onset
Puerperal Infection.	
Pelvic Peritonitis + Abscess.	

Other contributory causes of importance:

1454

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) Paul A. Gempel, M. D.

(Address) Kansas City, Mo.