

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

Do not use this space.

42951

JAN 1 8 1935

1. PLACE OF DEATH

County Jackson
Township Cow
City Kansas City (No. 742)

Registration District No. 399
Primary Registration District No. 1827

File No. 10752
Registered No. 10752
St. Ward

2. FULL NAME

(a) Residence, No. 3112 Nichols 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 F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1861

7. AGE YEARS 73 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Joseph Von Doctant

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

MOTHER 15. MAIDEN NAME Eugenia Lennard

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

17. INFORMANT Mrs. Florence Doctant
(ADDRESS) 3112 Nichols St. W.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. M. M. Cerow DATE Dec 13, 1934

19. UNDERTAKER John A. Muesel
(ADDRESS) 1415 32nd St.

20. FILED 12/12/34 W. M. M. Cerow Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1934 to Dec 11, 1934

I last saw her alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at 9 A.M.

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

Carcinoma of ovary.
5 1/2 yrs
40
Other contributory causes of importance: Trusted pedicle.

Date of onset 6-6-34

Name of operation none Date of none
What test confirmed diagnosis? Autopsy 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? Yes
If so, specify James Middleton M. D.
(Address) 1424 North Matfield Ave.

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.

