

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.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City Kansas City (No. 3420 Penn St.)

File No. 43076
Registered No. 5452
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3420 Penn St. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George J. Garrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1877</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>7</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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 _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
13. NAME <u>Richard Owens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Mary Hughes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Geo. J. Garrett</u> (ADDRESS) <u>3420 Penn St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central City, Mo.</u> DATE <u>Dec 19 1934</u>		
19. UNDERTAKER <u>W. H. Hendry & Sons</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>1220</u> 19 <u>34</u> <u>M. M. Cronin</u> Registrar.		

15 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934 to Dec 19 1934
I last saw her alive on Dec 19 1934 Death is said to have occurred on the date stated above, at 2:35 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of cervix
Date of onset _____

Other contributory causes of importance:
Belovs peritonitis with intestinal obstruction

Name of operation no 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) Merwin C. Rumold M. D.
(Address) Bell Memorial Hospital
Kansas City, Kansas

Dr. Rumoldt.