

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

Do not use this space.

FEB 9 1935

1396

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township KANSAS Primary Registration District No. 1002
 City Kansas City (No. 1220 Holmes St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME Frances F. Bucher

(a) Residence, No. 1220 Holmes 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 '35. 19

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

22. I HEREBY CERTIFY, That I attended deceased from 9-18-34, 1934, to 1-18-, 1935
 I last saw him alive on 6:30 p.m., 1935. Death is said to have occurred on the date stated above, at 7:25 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1881

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

7. AGE YEARS 54 MONTHS 0 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

Date of onset

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

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 _____

Tubercular Pneumonia
45
Carcinoma of Cervix

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation _____ Date of _____

13. NAME Frank Price

What test confirmed diagnosis? Microscopic Was there an autopsy? No

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

15. MAIDEN NAME Rachel Hess

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

17. INFORMANT Henry E. Bucher
 (ADDRESS) 1220 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 1/21/35

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3311 Broadway

20. FILED 1-19, 1935 anam... 4588 Registrar.

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. H. H. Hill
Angyle Bldg