

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.

FEB 9 1935

1494

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jackson Primary Registration District No. _____
City Kansas City (No. 12 C. Gen. Hosp)

File No. _____
Registered No. 360
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6209 1/2 Franklin Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1886

7. AGE YEARS 48 MONTHS _____ DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Wichita Ks.

13. NAME Andrew Couch

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

15. MAIDEN NAME Martha Westcott

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

17. INFORMANT (ADDRESS) Peurba Clerk 12 C. Gen. Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 24 35

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Lincoln

20. FILED Jan 24 1935 M. M. Kerouac Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1935, to 1-22, 1935.

I last saw he alive on 1-22, 1935. Death is said

to have occurred on the date stated above, at 2:25 a.m.

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

Appendicitis, acute with Perforation Date of onset _____

12/12

Other contributory causes of importance: Retrocerebral abscess

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) J. L. Gammitt, M. D.

(Address) 12 C. Gen. Hosp KCMO

