

APR 26 1935

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

Do not use this space.

9037

1. PLACE OF DEATH

County Jackson  
Township Yarrow  
City Kansas City (No. 42 C General Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 953 St. .... Ward)

2. FULL NAME

(a) Residence, No. 1836 E 69th St. Jeffers 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 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 George C Jeffers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

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) Iowa

13. NAME Calvin Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Nettie Eldridge

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

17. INFORMANT De used Clerk (ADDRESS) 42 C Gen Hosp 42 C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 3-6-1935

19. UNDERTAKER Mr. P. J. Goster (ADDRESS) 42 C Mo

20. FILED 374 19 35 M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1 19 35

22. I HEREBY CERTIFY, That I attended deceased from 2-20 19 35 to 3-1 19 35

I last saw her alive on 3-1 19 35. Death is said to have occurred on the date stated above, at 11:30 AM

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

Acute Appendicitis with localized Peritonitis  
1/2/35

Other contributory causes of importance:  
Early Bronchopneumonia

Name of operation Appendec 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) J. H. Goster, M. D.  
(Address) 42 C Gen Hosp 42 C Mo

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.

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