APR 26 1935

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

Do not use this space.

9230

File No.
Registered No. 1000

1. PLACE OF DEATH
County Jackson
Township
City Kansas City (No. Country Sulphur Hack St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. P. C. Wakeman
(a) Residence, No. Scranton Kan 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: Fe
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: about 50 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) None

18. BURIAL, CREMATION, OR REMOVAL
PLACE Scranton Kan DATE Mar 19 1935

19. UNDERTAKER Lawen and Co
(ADDRESS) Scranton Kan

20. FILED Mar 18, 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1935, to March 18, 1935.
I last saw h. alive on March 18, 1935. Death is said to have occurred on the date stated above, at 8:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Chronic Pancreatitis~~	~~1920~~
Acute Hemorrhagic Pancreatitis	Feb. 1935
Other contributory causes of importance:	
Peritonitis	March 1935
Chronic Pancreatitis	1920

Name of operation ~~Drainage Pancreatic~~ Date of 3/10/35
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? No
If so, specify
(Signed) C. C. Eckings, M. D.
(Address) 1002 Applied K.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.

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