MAY 24 1935

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

Do not use this space.

12738

1. PLACE OF DEATH

County Jackson — Registration District No. 2007 — File No.

Township Kaws — Primary Registration District No. — Registered No.

City Kansas City (No. Menorah hospital St. Ward)

2. FULL NAME Laura Matilda Augustson Sooby

(a) Residence, No. 5515 the Paseo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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: Clarence W.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/19/1896

7. AGE: YEARS 39 — MONTHS 0 — DAYS 14 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year): 12/34
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Kansas

FATHER

13. NAME: Oscar F. Augustson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Matilda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): C. W. Sooby, K C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE 4/4 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary, K C K

20. FILED 4-3 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1935 to April 2, 1935
I last saw her alive on April 2, 1935. Death is said to have occurred on the date stated above, at 11:15a
The principal cause of death and related causes of importance were as follows:

Cancer of both Ovaries with Metastasis — Date of onset

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Other contributory causes of importance: Surgical Shock

Name of operation: Hysterectomy, Cophorectomy — 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? No
If so, specify
(Signed) M. A. Hanna, M.D.
(Address) 909 Professional Bldg

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.

Dr Hanna Prof Bldg
ma 4383