

MAY 24 1935

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

Do not use this space.

12847

1. PLACE OF DEATH

County JacksonRegistration District No. 99Township GreenPrimary Registration District No. 75City Kansas City (No. 100)General 100File No. 100Registered No. 100

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sigma Smith St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 - 1910</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>10</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	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) Sweden13. NAME Edwin Malm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Emma Anderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Reverend Clerk
(ADDRESS) 100 General

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE APR 11 - 193519. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 118 Larock Blvd. Ave.20. FILED 4-10-35 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

4-6, 1935, to 4-8, 1935I last saw her alive on 4-6, 1935. Death is saidto have occurred on the date stated above, at 6:40 AM

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

Cerebellar Tumor
(malignant) a typical
angiosarcoma

Date of onset 53

Other contributory causes of importance:

Pneumonia

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. H. Bennett, M. D.(Address) 100 General

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.

