

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

Do not use this space.

16376

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. 1090
Township East Primary Registration District No. _____ Registered No. _____
City Kansas City (No. Vineyard Park Hosp.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Platte Co. Mo.
(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 Block Beckler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 11 14

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) Bath Co. Kentucky

13. NAME Jefferson Hamlin

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

15. MAIDEN NAME Nannie Pettit

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

17. INFORMANT Block Beckler (ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weston Mo. DATE May 5 1935

19. UNDERTAKER L. F. Rollins (ADDRESS) Platte City, Mo.

20. FILED 5-3 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1934, to May 3, 1935
I last saw her alive on May 1, 1935 Death is said to have occurred on the date stated above, at 9:35 a. m.

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

Cocaine + infection of terminal ileum. Date of onset 4-24-35

Other contributory causes of importance: 40
Cor crivosa of ileum 8-1-34

Name of operation Int. Resection Date of 4-20-35
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) Chas. D. Bronkhaus M. D.
(Address) Platte City, 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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