

AUG 20 1935

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

Do not use this space.

23162

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. KC General Hosp)

Registration District No. 300
Primary Registration District No. 2002

File No. 2-412
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1012 296 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 48 7 1

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) Texas

13. NAME J. E. Mann

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

15. MAIDEN NAME Cassie Curtis

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

17. INFORMANT (ADDRESS) Reine Clark KC Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeanwood St DATE 7/20 1935

19. UNDERTAKER (ADDRESS) W. T. Mayberry City

20. FILED 7-19 1935 M. M. Crowl Registrator

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1935 to 7-17 1935

I last saw her alive on 7-17 1935 Death is said

to have occurred on the date stated above, at 11:55 PM

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

Carcinoma of cervix
Hydronephrosis
48

Date of onset

Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation _____ 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 _____, 1935

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. E. Mann M. D.

(Address) 512 E. Kansas St. KC 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.

JUL 31 1952