

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

Do not use this space.

SEP 16 1935

29458

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City Mo (No. 609)

Registration District No. 399
Primary Registration District No. 1002

File No. 2500
Registered No. 82543
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 609 West 16th St. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 J. W. M. Plerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-2-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>4</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year) Oct 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John O. Roberts

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

15. MAIDEN NAME Ellen Jones

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

17. INFORMANT (ADDRESS) J. W. M. Plerson 609 West 16th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grassum DATE 7th Sept. 5 1935

19. UNDERTAKER (ADDRESS) E. P. Michael Grassum, Miss.

20. FILED 9-4-35 1935 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to Sept 4, 1935. I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 6.30 a.m.

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

Carcinoma cervix metastasis - liver

Date of onset 1933

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? Y

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) H. D. Buytse, M. D.
(Address) Medical Arts 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.

