

OCT 2 2 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship HoweCity Kansas City (No. 3028 Grand)Registration District No. 300Primary Registration District No. 3002File No. 29700Registered No. 55213St. Ward

2. FULL NAME

(a) Residence No. 3028 Grand Ward.

(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

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

J. N. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan - 18 - 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6086

OCCUPATION

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

House

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

wife

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)

Ohio

13. NAME

John Fulton

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

Ohio

15. MAIDEN NAME

Mary Latimer

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

Ohio

17. INFORMANT (ADDRESS)

J. N. Wallace

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood

DATE

Sept 26 1935

19. UNDERTAKER (ADDRESS)

Rose & Henderson

20. FILED

9-25-1935

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-24-1935

22. I HEREBY CERTIFY That I attended deceased from

Aug 25 1935 to Sept 24 1935I last saw her alive on Sept 24 1935 Death is saidto have occurred on the date stated above, at 7 P. M.

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

Carcinoma of Stomach Date of onset 1934

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis? Clinical 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

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)

(Address)

, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. C. Thompson
901 Chestnut St. Bldg.,
Val. 9593
6:30 to 9 PM