

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.

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

Do not use this space.

DEC 26 1935

36098

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Townshp. Kaw..... Primary Registration District No. 1002
 City.....K. C...... 701 Woodland St. Ward)

File No.
 Registered No. 4823

2. FULL NAME

Ethel Wetmore **Ethel R. Wetmore**
 (a) Residence, No. 701 Woodland St. 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mark Wetmore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min. 34 7 10

OCCUPATION
 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.
 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

MOTHER FATHER
 13. NAME J. P. Moore

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mark Wetmore
 (ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shelby Ohio DATE 11/14/35

19. UNDERTAKER H. Tigerman & Sons
 (ADDRESS) Kansas City, Missouri

20. FILED Nov 12 1935 M. M. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/35, 19

22. I HEREBY CERTIFY that Ethel R. Wetmore deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Death in the interment (Date of onset)

Other contributory causes of importance:
9/1 a

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) Ethel R. Wetmore, M. D.

(Address) K. C. Mo.

