

JAN 23 1936

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

Do not use this space.

39500

4537

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City Kansas City No. 6431617 Terr

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6431617 Terr St. _____ Ward _____
(Usual place of abode)

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. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20
7. AGE YEARS 72 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. at home
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

13. NAME Wm Richard

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

15. MAIDEN NAME Mary Brinkhoff

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

17. INFORMANT Beaie O. Loback (ADDRESS) 4516 Francis, K. C. Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Hope DATE Dec-9-35

19. UNDERTAKER Wm C. L. Foster (ADDRESS) 918 Brooklyn avenue

20. FILED 12/7 1935 m m Crowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to Dec 5, 1935
I last saw her alive on Dec 13, 1935. Death is said to have occurred on the date stated above, at 4:01 p. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Date of onset _____
Other contributory causes of importance Unknown

Name of operation none Date of _____
What test confirmed diagnosis Specimens an autopsy? yes

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) Wm C. L. Foster, M. D.
(Address) 1309 20th Street, Kansas City, Mo.

Walden by

Nov 21 1897

at 10:30

VI-2755

(2)

