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.

39586

JAN 8 1936

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1002

City Kansas City (No. 1532 Montgall St. Ward)

File No.

Registered No.

2. FULL NAME Mrs. Louise Stevens

(a) Residence, No. 1532 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Fe.	Wh.	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th. 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) Kansas City
(STATE OR COUNTRY) Kansas

FATHER

13. NAME Chas. Schofer

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

MOTHER

15. MAIDEN NAME Kate Gast

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

17. INFORMANT Mary Hetselthin
(ADDRESS) 1532 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE 12/13/35 19

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

20. FILED Dec 12 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to Dec. 8, 1935

I last saw her alive on Dec. 7, 1935 Death is said to have occurred on the date stated above, at 3:15 P.m.

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

	Date of onset
Carcinoma of Sigmoid	7/21/34

Other contributory causes of importance:

Unknown

Name of operation Section of sigmoid analysled Date of Dec. 34

What test confirmed diagnosis? operation 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, 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) John C. Skinner, M. D.

(Address) 1402 Bryant Bldg.