

APR 23 1936

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

Do not use this space.

10636

1. PLACE OF DEATH

County Jackson  
Township W. 240  
City W. 240

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 5827-E-14 St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR (DIVORCED) (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin H.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18-1899</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Mo</u>		
MOTHER	13. NAME <u>George Van Spandy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Amanda Le Duetole</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Benj. H. Whipple</u> (ADDRESS) <u>5827 E 14</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Wash</u> DATE <u>May 11 36</u>		
19. UNDERTAKER <u>Rose + Henderson</u> (ADDRESS) <u>154 Jackson</u>		
20. FILED <u>Apr 10, 1936</u> <u>M. D. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from  
Nov 1934 to Mar 9 1936  
I last saw her alive on Mar 9 1936 Death is said  
to have occurred on the date stated above, at 4:30 m.  
The principal cause of death and related causes of importance were as follows:  
Post Partum  
haemorrhage  
Placental pathology  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Shock, 14 hrs

Name of operation Esphixotomy Date of Mar 9  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Frances J. Henry, M. D.  
(Address) 2910 Harrison St.  
Kansas City, Mo.

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.

2910 Harrison

Webster  
— Argyle

JUN 1 1955