

OCT 15 1936

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

Do not use this space.

34373

1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No. _____

Township New

Primary Registration District No. _____

Registered No. _____

City Platte City (No. 24126)24th St.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 24126 24th 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis D. Stewart6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 62 10 278. 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) (STATE OR COUNTRY) Platte City, Mo.13. NAME Unk.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.15. MAIDEN NAME Mary ———16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mattie Kenney(ADDRESS) 24126 24th St.18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Sept. 8th, 193619. UNDERTAKER Chattings Bros(ADDRESS) 1729 N. 24th20. FILED 9/5 1936 W. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 193622. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to Sept. 4, 1936I last saw her alive on Sept. 23, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Concinoma of Stomach & Liver Primary stomach	Date of onset
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Other contributory causes of importance:

Hepatic PneumoniaName 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 _____, 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? NoIf so, specify _____ (Signed) J. O. Burned, M. D.(Address) 1838 Olive

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.

STATE BUREAU WITH OBTAINING INK—THIS IS A PERMANENT RECORD

