MAR 13 1937

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

Do not use this space.

399

File No. 6584

Registered No. 393

1. PLACE OF DEATH

County Jackson — Registration District No. 002

Township Kaw — Primary Registration District No.

City Kansas City, Mo. (No. St. Lukes Hospital St. Ward)

2. FULL NAME Mrs. Iva R. Middleton

(a) Residence, No. 2804 Chelsea 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. P. Middleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1884

7. AGE: Years 52 — Months 3 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Iowa

FATHER

13. NAME: James M. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Iva Rachel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Chas. P. Middleton, 2804 Chelsea, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Green Lawn DATE: Feb. 22-37, 19

19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, Inc., 2825 Indep. Blvd. K.C. Mo.

20. FILED 2-23, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to Feb 19, 1937. I last saw him alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 11:15 A.m.

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

	Date of onset
Carcinoma of Rectum (Recurrent)	4 mo
Carcinoma of Ovarian (Primary)	4 mo
Other contributory causes of importance: Uremia	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there 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) F. J. Wilson, M. D.

(Address) 612 Prof. Bldg. K.C. 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.