

APR 8 1937

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

Do not use this space.

9554
1271

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. K. C. General Hosp)

File No. 1271
Registered No. 1271
St. 1 Ward

2. FULL NAME

(a) Residence, No. 28107 Kensington Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 8

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

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) Mo

13. NAME Lloyd Bruce

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

15. MAIDEN NAME Lena Cassidy

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

17. INFORMANT Reverend Clerk (ADDRESS) K. C. Gen. Hosp Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE March 15, 1937

19. UNDERTAKER (ADDRESS) W. W. Newcomer for Mrs. M. M. Crow

20. FILED 3-13-37 M. M. Crow asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11-1937 to 3-12-1937

I last saw h. l. alive on 3-12-1937. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

Brain Tumor - malignant
52

Date of onset

Other contributory causes of importance:

Name of operation h Date of h
What test confirmed diagnosis? 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 h
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) W. W. Newcomer M. D.
(Address) Sub 12 C Gen Hosp KC

WHITE PAPER WITH IMPROVED INK THIS IS A PERMANENT RECORD

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.

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