APR 8 1937

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

Do not use this space.

File No. 9841

Registered No. 1553

1. PLACE OF DEATH

County: Jackson — Registration District No.: 309

Township: Kan — Primary Registration District No.: 1002

City: Kansas City (No. K. C. General Hosp. St. Ward)

2. FULL NAME: Ora Stewart

(a) Residence, No. 3918 Highland 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*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14, '76

7. AGE: Years 60 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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

FATHER

13. NAME: Alexander Cammingo

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

MOTHER

15. MAIDEN NAME: Ada Thomas

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

17. INFORMANT: Mrs. Anna Cammingo
(ADDRESS) 3918 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Lawn DATE: 3/31/37

19. UNDERTAKER: Mrs. E. L. Forster
(ADDRESS) 918 Broadway Ave.

20. FILED: 3-31, 1937 M. M. Crane and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-30, 37

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1937, to 3-30, 1937. I last saw h. alive on 3-30, 1937. Death is said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	
10 Da	

Other contributory causes of importance:

Name of operation: Date of:

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P. F. De Maria, M. D.
(Address) Supt. K. C. Gen. Hosp.

WRITE PLAINLY, WITH UNFADING 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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