

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

Do not use this space.

JUN 12 1937

18860

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kanawha Primary Registration District No. 1002
 City Kansas City (No. Vineyard Park Hospital) St. Mo. Ward 2

File No. 18860
 Registered No. 18860

2. FULL NAME

(a) Residence, No. Hoxie - Kansas St., Mo. Ward. Hoxie Kansas
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2

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. None

10. Date deceased last worked at this occupation (month and year) 4-22-37 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Grove No Carolina

13. NAME G. W. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Grove No Carolina

15. MAIDEN NAME Prevetta ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Grove No Carolina

17. INFORMANT Vergie Cass (ADDRESS) Hoxie - Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoxie Kansas DATE 5-5 1937

19. UNDERTAKER John J. Shethum (ADDRESS) Kansas City Missouri

20. FILED May 3 1937 M. M. Crowe, esq. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1937 to May 2 1937

I last saw him alive on May 2 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

Cholelithiasis + Cholecystitis
126
 Date of onset 3-15-37

Other contributory causes of importance:

Gallstones 1930

Name of operation cholecystectomy Date of 3-2-37

What test confirmed diagnosis? no 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) J. H. Sheldon M. D.
 (Address) 822 Walnut
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.

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