

JUL 10 1937

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

Do not use this space.

22648

1. PLACE OF DEATH

County Jackson  
Township Jean  
City Kansas City (No. K C Gen It 1002)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2494  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1401 Benjamin Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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 Harwood Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 2 10

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

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) See

13. NAME Rode Adams

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

15. MAIDEN NAME Mary Near

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

17. INFORMANT Deirda Clark (ADDRESS) K C Gen It 1002

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Ave DATE June 4 1937

19. UNDERTAKER Worster Funeral Home (ADDRESS) 40 Kansas City Mo

20. FILED June 3 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-37

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1937 to 6-2 1937

I last saw her alive on 6-2 1937 Death is said

to have occurred on the date stated above, at 7:20 am

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

Acute and Chronic Salpmonitis with Acute Generalized Peritonitis  
neither purperal or gonococcal  
Other contributory causes of importance: 139 B

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) Sept K C Gen It 1002

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.

