

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.

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. St. Luke Hosp.)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. 29711  
Registered No. \_\_\_\_\_  
St. 2215 Ward)

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Odessa, Mo.  
(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 Female 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 Joe White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 7 4 25

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) Henry Co. Mo.

13. NAME L. C. Buckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

15. MAIDEN NAME Blanche Kingan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo.

17. INFORMANT (ADDRESS) Joe White Odessa Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo. DATE 8/8

19. UNDERTAKER (ADDRESS) D. G. Heisman Odessa Mo.

20. FILED 8-10 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1937, to Aug 9 1937

I last saw her alive on Aug 9 1937. Death is said to have occurred on the date stated above, at 3 1/2 p.m.

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

Palatine Peritonitis (non-puerperal) N.M.O. (29)

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? No

If so, specify \_\_\_\_\_ (Signed) Eugene Parsons, M. D.

(Address) Prison, Bank Bldg. N.C. 140

Date of onset Aug 4 '37  
Aug 9 '37

JUN 9 1947