

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.

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

Do not use this space.

SEP 21 1937

29923

1. PLACE OF DEATH

County Jackson  
Township Kear  
City Kansas City (No.         )

Registration District No. 399  
Primary Registration District No. 1002

File No.           
Registered No.          Ward         

2. FULL NAME Mrs Katie Lomen Mysell

(a) Residence, No. Welbarn Kansas St.,          Ward.         

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 2 21

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) Iowa

13. NAME Hinkmann

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

15. MAIDEN NAME Katie Kurka

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

17. INFORMANT Wm B Mysell (ADDRESS) Welbarn Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 8-30 1937

19. UNDERTAKER Edgo Bros (ADDRESS) 1416 Main Ave

20. FILED Aug 28 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to Aug 28 1937

I last saw him alive on Aug 27 1937. Death is said to have occurred on the date stated above, at 4:25 a.m.

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

Carcinoma of liver  
46  
Date of onset 1-1-37

Other contributory causes of importance: Gallstones 1934

Name of operation Eplasty of Date of 8-14-37  
What test confirmed diagnosis: Biochem 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) 922 Walnut

K.S. Mo.

