

NOV 28 937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 377
Township Yean Primary Registration District No. 1002
City Kansas City (No. K.C. Genl Hosp) St. _____ Ward _____

File No. 36676
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1620 E 8th St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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) Feb 27 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 12

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) Washington

13. NAME Record

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Record Clerk General Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph City, Mo. DATE _____ 1937

19. UNDERTAKER (ADDRESS) Quinn & Tobin 20 W. Broadway

20. FILED Oct 13 1937 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-37

22. I HEREBY CERTIFY, That I attended deceased from 9-27-37, 1937 to 10-9-37, 1937

I last saw her alive on 10-9-37, 1937 Death is said

to have occurred on the date stated above, at 2:10 a.m.

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

Intestinal obstruction due to Date of onset _____
with adhesions.

122B

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) A. F. De Maria M. D.

(Address) Dept. K.C. Genl Hosp. 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.

